THE LANCET.

No. 165.] LONDON, SATURDAY, OCTOBER 28. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

Dislocations, Fractures, Diseases, and Operations of the Jaw.

HAVING described the anatomy of the joint of the lower jaw, I shall next speak of the injuries to which it is liable: such are dislocations, and diseases which occur in it.

And I ask, in what direction you could suppose this joint to be dislocated? Could you suppose it to be dislocated backwards? O no; the *vaginal process* prevents that. Could you suppose it to be dislocated forwards? No, not directly forward, because you could not pull the *condyles over* in such a way as to do it in that manner. Then, considering the circumstances in which the bones are placed, there is but one possible dislocation can take place: when the condyles are upon the *eminentiæ articulares*, it is possible they may burst the *capsules* and slip over them, and this is the only dislocation that can take place in the jaw. Then the question is, how it is to be reduced? It is commonly caused by an irregular and spasmodic action of the muscles; for persons, either yawning or laughing, sometimes dislocate their jaw. Then how is it to be reduced? When in this situation, all the strong muscles tend to hold it down. Now the reduction of this dislocation is done upon a principle which I shall explain hereafter. You make a lever of the dislocated bone, raise the chin, and depress the condyles simultaneously. The principle I shall dwell upon, and explain hereafter; therefore, I shall not say much just now upon it. The mode of reducing it is simple; you put your fingers into the mouth, and depress the condyles over the eminentiæ articulares, raising the chin at the same time. There is no other way of reducing a dislocated jaw; it must be done by depressing the condyles, and, at the same time, applying a force to the chin, which closes the mouth; and in doing this, by putting your finger into the mouth, you may make the lever. If you attempt to close the patient's mouth, the condyles still lodging where they were, you never will reduce it; but if you depress the condyles, and then close the mouth, then the dislocation is reduced. They say you should wrap a handkerchief round your thumbs, put them into the patient's mouth, and then with all your force press down the last grinding tooth. It may be done in various ways; and there are some who say you had better put a piece of transverse wood into the patient's mouth; then depress, and so on. For my own part, I never found any difficulty in reducing a dislocated jaw in the whole course of my life, and I have reduced a vast number. I have reduced one condyle and not the other, and things of that kind, but I never found any difficulty, so as to require the use of complex measures; never.

However, whatever measure you do adopt, it is reducible to the simple principle I have stated. With respect to this, I have been in the habit, when lecturing upon this joint, of telling a story I heard related by Dr. M'Laurie at the first lecture I attended of his. He was an old Scotch doctor; and I do it for this reason, that after hearing the story, I never forgot the principle of reducing a dislocation of the jaw; and the story runs thus. But be it known to you, people who have once dislocated the jaw, are very often very likely to do it again; and this I take to arise from the gap in the ligaments not healing, and also from an irregular action of the muscles, which first caused the dislocation, becoming, as it were, habitual to it; but I think principally from the gap of the ligaments not healing. We think we have done a great deal when we have put the jaw into its proper place; but we have done only a very little part of the surgery. You should keep the jaw still until the injury is repaired; that's the point in

the surgery. But who is it that will keep their jaw still? People won't do it, and therefore the ligaments won't unite and heal. This happens also with respect to the shoulder continually slipping out, and I suppose from the same reason that the gap of the ligaments has not healed, that there has not been that stillness necessary for its healing. But to the story: There was a major in the army who had the misfortune of frequently dislocating his jaw, and it was an infirmity he cared very little about, for he was generally moving about with his regiment, and when he put it out, the regimental surgeon put it in again. But it happened that on one occasion he was 14 or 15 miles from where the regiment was quartered, dining with a gentleman, and being rather merry after dinner, laughing heartily, his jaw slipped out; his mouth of course remained wide open, and it was impossible to close it, while the condyles remained out of their sockets. His mouth remained open, and no one can articulate with the mouth in that situation. Well, but he made an inarticulate noise, and the host being very much surprised, considered that there was something wrong with him, and sent for a medical man residing in the neighbourhood, whom, if you please, we will for the present call the apothecary. He said, when he saw the major, that there certainly was something wrong with him, that there was something wrong with the jaw, and that, in fact, it was dislocated; and he began to *pull* the jaw for the purpose of putting it into its proper place. Now that would take it just further from its proper socket. The officer knowing the simplicity of the case, and how it ought to be done, was so enraged that a man should be so presumptuous as to put up a pestle and mortar above his door, and yet not know how to put in a dislocated jaw, that he vented his rage in a most furious manner, but in a very inarticulate way. And, *egad*, the apothecary took it into his head that the man was mad; and, *faith*, it was very nearly verified; for Mr. Pestle's suggestion put the major into a terrible rage, which actually confirmed the apothecary's opinion. He therefore threw him down, put a strait waistcoat on him, left him lying on his back, and then sent him some cooling draughts, and some lotion for the jaw, which was to be applied in due season. The major then found, that there was nothing for him but submission. And after some time had elapsed, he made signs for pen, ink, and paper; and as these were not instruments which it was supposed he could very much injure himself with, they were furnished to him; and when he got them, he wrote on the paper, just these words: "For God Almighty's sake send, with all possible speed, to Mr. So-and-so, surgeon of the regiment." Well, that was considered a very reasonable request, and therefore they sent off a man on horse-back for the surgeon immediately. The surgeon came, took off the blister, put in the jaw; and there 's an end of my story. (*Laughter.*)

The case is often attended with the most distressing degree of thirst, I remember a maid servant, who had those foolish attempts made to reduce her jaw, by pulling at it, and who waited from 4 or 5 in the evening till 11 o'clock at night, before a surgeon was got for her, and who immediately reduced the jaw. There was a pailful of dirty water placed in the kitchen, which they had been scouring the house with, and as this happened in the kitchen, the girl put her head right into the pail, drank the water, and turning round on her knees, blessed the surgeon who had reduced the jaw. But they cannot articulate a word while in that situation. Now it is a simple case. But you may reduce one condyle, and not the other; and I have even seen one condyle dislocated and not the other. But there is a case that looks like it, and yet not of the same nature; nor can I tell you what the nature of the case is: but a person by some action of the muscles, remains with the mouth wide open, and yet a little awry; the *symphysis* of either jaw is not in the same line. Yet though it is wide open, it is not so far open but that they can articulate a little; and they can also swallow a little. What the plain nature of the case is, I really cannot tell you; but I have seen this case many, many times in my life, and I have seen people attempt to reduce it by the common process by which they would reduce a dislocated jaw, and without any avail.

Now with regard to this accident, I have partly communicated this to you by way of letting you know what is in my own mind regarding the subject; and I will further tell you of the case of a patient who came out of Essex. The surgeon in the country had tried to reduce the jaw, but had not succeeded; and the man said he would take his wife (for the patient was a female) up to London; and I am pretty sure the surgeon in the country must have understood his profession well, for when the man and his wife were coming to London, he said, "I'll be hanged if any of the London surgeons will ever get that jaw in." I take it, therefore, for granted, that he knew his profession well. However, the man and his wife came up to London, and they applied to a surgeon here—a hospital surgeon, and that surgeon took it for a dislocated jaw, and attempted to reduce it, but did not succeed; and he was excessively irritated at this, and desired to have a con-

sultation as to what should be done. A consultation was agreed upon, and he did me the honour of calling me in to assist him. But as soon as I saw the case, I knew it was not a dislocated jaw, and I said so to the surgeon. He said to me, "Why, what can it be?" "Why, sir," said I, "upon my honour I don't know; but you may satisfy yourself it is not a dislocation. Trace the jaw up to its proper socket; you may do it in your own head, and you will find, from the condyle of the jaw, that it is not a dislocation." "You assuredly are right; it can't then be a dislocation?" "No, it is not." "But what can it be? or rather, can you tell me how we can put it right?" "O, yes, I can do that readily." So I put my hand upon the woman's head, placed my other hand under her chin, and simply shut her mouth, without at all depressing the hind part of the bone, for that was not necessary; I tried to bring the symphysis of one jaw to accord with the other, and to shut her mouth; it required no great force to do it, and when I did that she talked with the utmost fluency, and indeed, in her way, with great gratitude. It was all right then.

Diseases of the Jaw.

Now, with regard to diseases of the jaw, I have seen many, many cases of diseases of the jaw; and those diseases go on, because people won't keep their jaw quiet. I remember telling a lady so. The ligaments get diseased, and the jaw slips about, cracks, and bulges out on one side. Now all diseases that I have seen have appeared to me to be constitutional diseases; and I have been surprised to see how readily they have recovered by confining the jaw to the greatest extent the patient would admit of; that is, by putting a *splint* under the jaw, tying it up, and telling them to drink, out of the spout of a tea-pot, strong broth, and so on, urging upon them the necessity of keeping the jaw quiet, and taking, at the same time, a little medicine, which would keep their bowels right, for they were all wrong too; and it seemed to me they soon recovered. By having been careful of the jaw, they have had no slipping of the condyle again, which was a great annoyance to them before this plan of treatment.

Fractures of the Jaw.

Then the jaw is liable to fractures, and the fractures are of two kinds, perpendicular and horizontal. Perpendicular fractures are continually happening; horizontal ones are of a much more rare occurrence. A person receives a blow on the jaw, which breaks it. He may have another blow on it, and therefore it may be broken in two places perpendicularly, the intermediate part being loose; or it may be broken, with one blow, into two pieces. Now what's to be done? There have been instances where the gum has been lacerated, and there has been a great deal of bleeding from the artery, which runs in the gum. Well, what is to be done in such a case? Why, nothing but what the common principles of surgery demand; to put it right; set it again, and keep it still. I never saw any hæmorrhage that did not cease. You must put the bone into its old situation, and then you must keep the jaw still. But here is the difficulty: what splints would you use? what splints have you for the fracture of the jaw? You must make them for yourselves; there are none sold at the instrument makers. Then how would you set about doing that? Get some thick, strong pasteboard; put it into water till it is soft, then shape it to the jaw; notch it, cut it, make it into the shape of a case for the jaw; make a bandage compressing the case and the front of the jaw together, and keep them so steadily compressed, the jaw being entirely motionless, until the pasteboard gets dry; then it forms a proper splint for the jaw. Now there is the greatest comfort in this. I have seen a fracture put up merely with a bandage, and the patient has been very much distressed indeed; but when I have put him on one of those pasteboard cases, he has expressed his comfort in the strongest way possible. It is sometimes necessary to varnish the pasteboard, for there may be a cut, or a wound, in it, and then it will be no longer a splint; therefore it is sometimes necessary to varnish it. I have to tell you what a comfort it is; I think, that however irregular the jaw may be, even where you cannot get it into its situation, the case will turn out far more creditably than you expect. The action of the muscles, the gentle pressure of the patient's tongue, and one thing and another of that kind, will bring the bone more into its place than you could imagine. I will tell you of one of the worst cases of fracture I ever knew; it was in the case of a very big, large man, called *George the Brewer*, who fought with a little man, but a man of infinitely more science than himself. The little man's conduct appeared excessively strange to all the *amateurs*, for it was evident that the big man laid himself open very often to the little man's blows, and yet he did not strike him; at last, however, he struck him in the jaw, and broke it. The big man was a man of great courage, and he still went on fighting; and the little one danced round him for some time, then hit him again on the jaw, and broke it again. They went on for some time, and every time the little man struck the big one, he hit him just in the very same place, until he broke it in a most horrible manner, until

this big fellow was gulping down large quantities of blood, and until those who had bet in favour of the big man obliged him to give in. Well, the bones could not be got into their places; inflammation ensued, and matter came from the mouth; but still the case did well at last, and healed, leaving very little deformity; not at all the deformity that might have been expected.

Now as to the *horizontal* fractures; O, these are excessively vexatious. When you see the *alveolar process* broken, and the teeth falling in, what then is to be done? I have seen contrivances of a gold wire being used for the teeth; but surely a dentist would be the man to give relief, by putting in a wire of gold and fixing it to the teeth behind. You know this is the way in which they endeavour to bring children's teeth straight, which are awry; they endeavour to lessen the wry, by bringing round a circle of gold, and fixing it to two standard teeth behind, and I think that that would be the best way of managing the horizontal fracture of the jaw. Now I was educated at a time when *mercury* was very much used for the *venereal disease*; when excessive salivation was considered necessary, and it was thought a great wonder how it should happen that part of a man's jaw should come away, and part should remain. The *periosteum* quitted the dead bone, the dead bone came away, and still there was no vacancy, no loss of osseous matter in the mouth. A surgeon once told me what he thought a very curious thing, that all the front of the jaw came away, and yet that the teeth did not. It curiously happened, that the teeth sunk down into the new formed jaw, so that the patient lost a great part of his jaw without losing his teeth.

Operations on the Jaw.

The jaw is liable to peculiar diseases, there being a canal running through it; there may be depositions or morbid growths in that canal, and the jaw will expand to a very considerable degree. You will find, too, that there have been cases of diseased jaw, in which a portion of the jaw has been removed—a very considerable portion of the jaw removed. This has been done by a gentleman in America. A very hard operation it is,—taking away a considerable portion of the jaw-bone, which, if it had been allowed to remain, would have spoiled the rest. However, these relate to new operations of surgery, which I have no personal knowledge of.

On the Diseases of the Spine.

It is said there is such a thing as a *concussion* of the spine, the same as a concussion of the brain; a genteel name used to conceal the nature of the injury. But if it be a question, whether there ever was such a shock given as to impair the functions of the spine, I can only say, I believe it is possible. I have seen people jarred very considerably in their spines, and unable to move their lower extremities, and in a great state of nervousness; but who have recovered so quickly and so perfectly, that I believed there was no other injury but jarring. These are very rare cases, however. In general, when a man meets with an injury in his back-bone, depriving him of the use of the parts beneath it, the back is usually broken. But, can it be dislocated? That's the question. And the answer to this question must be—it can scarcely be possible that one *vertebra* can be parted from the other, on account of the *articular processes* being fitted as they are. There is one part of the back, however, where a dislocation may take place; that is where the articular processes are very oblique, in the neck. A force applied to the head, propelling it forward, and another to the lower part, propelling it backward, may cause such an effect as that possibly the articular processes may slip off one another. But I have examined a great number of those cases, and in every one of which, fracture was found; either fracture of the rim of the vertebræ, or fracture of the articular processes, or fracture of the body of the vertebræ. If a person meets with a blow which occasions an irregularity in the *spinous processes*, and after the accident, the limbs below become paralytic; I say, you may be assured that the vertebra is broken. And here I have to mention, that the part which projects is in its natural situation; it projects, because the other part has been driven from its natural situation. There was formerly a saying—fractures of the rising end of the bone. Now there is no such thing, excepting in one case. Wherever one part juts out, that part is in its natural situation, and only juts out from the other part being out of its natural situation. Well, granted; a fracture or a dislocation. What is to be done in such a case? Can you set it, if it be a fracture; or can you reduce it, if it be a dislocation? How? Here are the *viscera* before you. Where can you make the force? Dare you pull it? dare you make extension to make it straight? Egad, I don't know what *you* might dare to do, but I should be afraid of it. What, with all the muscles of the back restraining your force! you may jerk the *medulla spinalis* asunder. I do not know that you can do any thing more than keep the parts still; for if you were to suffer the parts to move about, then pain and inflammation would follow, and I have actually seen matter formed in such a case where the parts have

been in motion and moveable. I do not know, therefore, that you can do more than keep it still, in the expectation of its healing, but leaving such a defect in the canal for the *medulla spinalis*, as that very probably it would never act properly again. Most of these cases are dangerous cases. I have, however, seen several persons recover; yet they are so generally fatal cases, that I am convinced an assembly of old surgeons would doubt that there was a possibility of recovery in any case; and yet I have seen many cases of recovery, even where the fractures were in the neck.

I remember a gentleman in that situation, who was paralytic in his arms, and in the whole of his body; but we put the head into a proper situation, kept it steady, and treated the case according to the common principles of surgery, and the patient recovered, and afterwards went about. You may say there was no fracture. I can only tell you, that he fell from his horse with his neck under him, and that there was a seeming projection, though not very distinctly felt, as of course it could not be in the vertebræ of the neck; and that he had no use of his arms or legs. I was sent for into the country, a very considerable distance, to see the case. I put him into such a posture, as that his neck was supported, and never permitted to move from one place. By keeping him confined for a certain time in that way, the bones were knit together; we then got him up, and by stimulating the limbs, and rubbing them, and so on, he came about by degrees. Now I do not know that you can do any thing more in those cases. In the majority of them the depression is so great, that the medulla spinalis never recovers. And here I have been in the habit of telling a story of a case of this kind, where I believe the case was properly treated, very properly treated, by a gentleman who was a student at this hospital. He was a wild young fellow, and was riding with another wild young fellow like himself, riding on Epsom downs at Epsom races; and after they had been riding about for some time, the one said to the other,—for God Almighty's sake stop your horse, or you will be dashed into eternity, or some words to that effect; and suiting the words to the action, he pulled in the reins of his horse, for the fact was, that he had seen a gravel pit just before him; the other having less fear, instead of stopping his horse, spurred him on, made him leap, and he cleared the pit. The horse, however, that had been pulled in, tumbled into the pit, threw his rider, and broke his back. Well, the surgeon returning to his companion, got a shutter upon which he laid him, had him conveyed to an inn in the neighbourhood, and attended him very carefully. And after a confinement of about two months, when it was presumable the broken parts had recovered, and the torn ligaments had been re-united, he was brought to town. The accident was about the middle of the back, about the middle of the *dorsal vertebræ*. There was a projection. It was curious to see this young man, who was very gay and volatile, playing at cards, and entering into conversation with any body who called to see him; but he was living with the upper part of his body, without being conscious that he had the other part of it. And it was proposed, as a question, could any thing be done in this case? And I said I cannot tell you, except taking out the rings of the vertebræ. But that was considered so hard an operation, that it was not at all contemplated, nor does it at all follow that it would have been successful. Yet such a thing has been done, and done in London, at the time too at which the accident happened; at which time I would not undertake it. I would draw a parallel between it, and the fracture of the skull; and I would say, let it alone until all the inflammatory feeling is gone,—until you were sure you would have no more inflammation than what would result from the operation itself,—I say, I should not be inclined to undertake such an operation, just at the time at which the accident happened; and it by no means follows that it would be a successful operation, even afterwards; because, it very often happens, the medulla spinalis is broken, jammed, and crushed to pieces. Nay, sometimes torn asunder. They are most horrible cases. In some cases, where the injury is of such a nature as that, the patient has to lie on his back, the buttocks mortify and become all over sores. However, the treatment is, to put it as right as you can, and to keep it steady. The first part of the treatment is, to guard against inflammation, and to allow time for the re-union of the parts; then the next object of the treatment is, after allowing time for the repair of the vertebræ as much as possible, what we may call stimulating rubbing and electrifying the limbs, to endeavour to give life to them. But they are very, very hopeless cases. There are fractures even of the vertebræ of the neck. There was one case where the vertebra of the neck was broken, and it was a curious one: it happened in a child, and no persuasion whatever could induce that child to take away its hands from its head; it held the head steadily, with one hand on each side of it, as if conscious of its injury. The child died, and the vertebræ appeared broken. But I should tell you, that fractures may take place there, which is the most important part, and yet the patient may recover.

Distortion of the Vertebral Column.

These are not diseases, they are deformities. It is customary to attribute them as arising from the same state of health which rickets arise from; but I don't think that that is a fair way of viewing the subject. I call upon you to observe what slight things will produce a deviation from the proper direction of the vertebral column. You never saw any one who had a complaint in the hip who was not distorted in the back. The standing upon one leg will occasion a distortion in the back; I cannot stand upon my left leg, for instance, upon any other terms than those of inclining to the right; and if I am to continue in this posture, such is the constructure of the inter-vertebral substance, as to occasion a springing out, an augmenting of bulk on the one side; so that this is a cause rendering a temporary distortion, and in continuing to recline in that way, the distortion becomes permanent. Now, therefore, the habit of standing on one leg will occasion young people to grow awry. If I were to lean over, as it were, upon my right shoulder, what would be the consequence? Why, to balance the weight of my body, I must twist my spine, and incline the loins to the left side, and therefore cause a deviation to the left side. Now, suppose a curvature to take place, and that that curvature was on the right side; if the weight of the head were put on it, is it possible that the head could be supported in a straight line from the *pelvis*? It is not possible; and the first curvature induces another curvature, and the next another, and so they go on, and they are all consequences of one original curve. Now, I say, it is very curious to attend to what slight causes will sometimes lead to the original curve, and causes which we do not easily perceive. I have been in the habit of telling a case, when lecturing on this subject, that occurred in my own family: a child, young and active—and I don't see those curvatures happening except where there is some constitutional disorder—I say, a girl of this kind became awry; I saw the child when I had an opportunity, and I observed that she had got one shoulder-strap very often down, which she was continually pulling up, and I said to her mother, "If you allow that to go on, that shoulder will become warped, as sure as you're alive. Let the gown be made in another way, and don't let her always be twisting herself to keep up that shoulder-strap." The mother said, "O, don't take any notice of it;" and let it pass on for a time. Then I began to swear about the fashions, that had been the cause of those shoulder-straps being made in such a way. But, in the course of a month, the reason appeared why the shoulder-strap did not stop on that shoulder; it appeared that that shoulder had sunk down about an inch lower than the other. I then told her to walk before me, and then to stop, and I observed her particularly, and I found that she was in the habit of standing and resting always on one leg. I then began to ask her if there were any sores about her feet, any sores about her toes, any pains in her leg, or any thing wrong with it, and she said no. I said, "I should like to see you hop; hop round the room, and then stand;" she did it, and did it very well. "Now," said I, "hop round the room on the other leg;" she attempted it, and she took a few hops, and then she was obliged to walk, because that leg was not capable of supporting her. She had been clearly in the habit of standing on the one leg, and by having disused the other, it became a weak limb. Now, by setting her frequently to hop round the room on the weak leg, very frequently until she could hop on it as well as on the other, both shoulders became of the same height, and the shoulder-strap of her gown never slipped off again. But I am quite sure she would have been a-wry if she had not lived in a surgeon's house.

Now, you will say, what's the use of bothering us about these things, they are not diseases? No; it is very true, they are not diseases: but I can tell you that they are very important, and that you will be more bothered about them than about any thing else you may meet with. O, there are young ladies, whose parents would give any thing to have them set straight. Now I tell parents that I have any concern with, that they must avoid all the causes which have produced the original curvature; I try to suggest what those curvatures are, and then I tell them that they are to lie down as much as possible, and to take the weight off the pillar which has yielded, because if the column has yielded, whatever weight is placed upon it will considerably increase the curve. I hear medical men say, you had better put weights on your head and carry them about with you, because they say, people who carry large weights on their head or shoulders, such as milk-pails, have straight backs. But I say, weight on the head must be very injurious, therefore I tell them to lie down, to avoid the causes which increase it, and to lie in a horizontal way. Many say you should lie in a manner so as to extend the vertebral column. That can never be done. Lie down, therefore, in a horizontal way, and you take off the weight from the curve. But I would by no means deprive the patient from taking that degree of active exercise which is conducive to health, because I say there is something wrong about those

patients; there is something about them that induces muscular rancour, or muscular irritability. It is an object to give all possible energy to their muscles; it is an object, therefore, that they should have active exercise, and an object to give them all possible strength, that they may have the power of supporting the head and weight. Then, I say, lie down. But people will ask me, "Can't you do any thing more, sir?" and I must say, "No, I don't know that I can, unless you choose to be gibbeted. That is sometimes done; it is a fashionable way of going to work, and is what I call gibbeting. (*A laugh.*) This was first proposed by Mr. Vacher, and the plan is that of taking the weight of the body from the pillar that supports it. A most horrible annoyance it is to the patient. O, the pressure against the chin, and the under part of the jaw, is dreadful; it produces a thickening and ulcerations of the ligament, where it is carried on as according to principle it ought to be. Now there is a gentleman, Mr. Cheshire, of Hinckley, in Leicestershire, I think it is, who perhaps understands the principle on which those machines should be constructed better than any body else; yet I have seen patients who have been there, and really there has been no such good done to them as I should boast of; but he certainly does support the principle, and that principle supports the weight of the body, but greatly to the annoyance of the patient, and productive of the effects I have been describing, occasioning abscesses and deformities, and thickenings, and so on; but he does it effectually; and the effect too of taking the weight from its proper place is, that by using those machines for years, which they have to do, they cannot afterwards do without them; they lose the power of their muscles, so that they cannot do without them; and therefore, if they lay them aside they have to lie until they recover the power of their muscles, until they can properly support their weight. But I cannot say I like this system at all, therefore I don't give my mind to it, but I advise all my patients to avoid all causes which might effect the original curvatures; to take off the weight by lying down, and so on; but the child should not lie down in any constrained attitude. In a boarding school, you will see the mistresses of the school having all the girls lying like a pile of soldiers, on boards turned horizontally, and there they lie for about half an hour; that's a short time, but they can do nothing when they are lying in that position, like corpses. Now I maintain that they may do this on a rug, or carpet; and I say, why can't your child lie down in that way, which is the ancient fashion; but, to be sure, the other is the more modern. But I know that weight on the upper parts of the body must tend greatly to increase the curves; I know also that people will become straight if the cause of the curves is removed; because I have found it to be so in the cases of distortion of the vertebræ from wry-necks, as well as in other cases, by such treatment as I have been endeavouring to explain to you.

I remember, that Mr. Hunter used to say a great deal on this subject in his lectures. He used to say, he was convinced that people got awry, by the endeavours of parents to keep them straight. That parents were continually watching their children, and making them sit in a particular attitude; and that those children, so watched, when unobserved, would naturally sink into another way of sitting, to have a little ease. Besides, that is keeping in action one set of muscles, and not allowing the other to act at all; whereas, every set of muscles should be kept in action. He said, you don't see boys grow awry, any thing like so often as girls, nor yet girls in a low situation of life. I remember when there were *stays* to prevent this wryness; and stays, you know, are good things to let a person slip aside, without that slipping being seen; and that went so far, that I remember the time when it was a *bel*, that upon an examination, in an assembly of well brought up girls, you would not find one girl among them straight, but that they had all a crick in the hip, or a slip in some part or other. I remember Mr. Hunter saying, you should dress your children lightly and loosely, let them run about and exercise all their muscles equally, and then they will not grow awry. To this parents have a sort of objection, which is, that children will become round shouldered, and so on. Now, I have even endeavoured to refute that absurdity, by saying, if children were allowed and suffered to do as they pleased, the body would be formed according to that pattern which nature designed it should be. If two round shouldered parents had a child with a perfectly flat back, I should really suspect its legitimacy; and one might wonder people had not hit on a plan of making Roman noses for children. One cannot counteract Nature. If the body be healthy, it will be well formed; but it will grow according to Nature. But, said Mr. Hunter, if it be necessary, from fashion, and so on, to carry the person in any particular manner, this habit may be obtained at any period of life; and quoting this instance: you see a plough-boy, while plodding away at the plough, an awkward fellow; but he enlists; then he is put under drill of a serjeant; and then observe with what care and precision he marches, after he has been under that serjeant for a time! Now that shows, that if the body is well

formed, it may carry any fashion. But there is certainly no counteracting Nature.

These are not diseases, but deformities; and yet points of great importance. In some of the cases, there is no room for the lungs on one side of the chest. It is this which first attracts people's attention: Sir, I want to consult you on my daughter's case; her shoulder is growing out, or her breast is on one side. O, the cause is in the distortion of the vertebral column; and that they cannot believe; but that you will find to be universally the fact, I believe.

Now I go to speak of *curvatures from disease*:—curvatures produced by a diseased state of the vertebræ. The bodies of the vertebræ are of a spongy substance; the ends of the bones are also spongy, and *scrofula* may arise. And a curvature of the back produced from a bend forward, and where many of the vertebræ are gone, then one of the vertebræ sticks out, and makes a very acute angle. And this angle, this sharp projection, is one cause of a surgeon's knowing the nature of the disease. Now, in the commencement of the disease, the question is, whether it begins in the bone, or in the intervertebral substance? Now, I really cannot tell; sometimes it is in the one, and sometimes in the other, in all probability. It is very rare that we have an opportunity of examining it at an early period; but when scrofula begins, the disease goes on to ulceration, and the bodies of the vertebræ are crushed by weight. It's right to tell you, too, that you may have the disease without curvature, and you may have curvature without the disease.

Now, as to the *treatment*,—unquestionably you must keep the patient still; motion of diseased parts is always exceedingly injurious; the greatest good is done by keeping diseased parts in an absolutely confined state. Ease is not only good in counteracting the morbid action of the diseased bone, but in counteracting the disordered action of the medulla spinalis itself, which is the cause of the disorder; and I believe I need not enlarge upon this, because it is obvious to common sense, that ease is likely to be of efficient good. But in all scrofulous diseases, a great deal depends upon the management of the patient's health; the correcting that state of health which gives rise to scrofulous actions, must be considered a most important part of the treatment.

On the Pelvis.

I beg you to remember, that the *posterior superior spine* of the *ilium* is met with half way down the *sacrum*. It is most important that you should remember this, for I have seen surgeons misunderstand the nature of accidents happening here. A man has had some fracture of his *sacrum*, and the surgeon, upon examining the *pelvis*, has traced the *crista* of the *ilium*, and thought it went on to the *vertebral column*. Indeed he might well think so, because there is a strong ligament going from the transverse process of the last lumbar vertebra to this posterior spine, and indeed, in some degree, from the one above, which seems to oppose some resistance, and leads to a belief that the *crista* goes on to the *vertebral column*. But recollect that it goes half down the *sacrum*. If you have any irregularity near the *ilium*, you may be sure it is from the *sacrum*, and not from the vertebral column.

Mr. Abernethy proceeded.—Having described the bones which form the boundaries of the pelvis, I next request your attention to the bowl of the basin. They say it is a basin, and a very curious one it is, with a large hole at the bottom of it. But it is a cavity of great importance, and you should be well acquainted with all that relates to it; it is a cavity of different depths in different parts; that is, suppose I put an instrument in at the *os pubis*, and measure the space to the *brim of the pelvis*; I don't find that it's more than one inch and a half; whereas, if I put an instrument in at the *tuberosity*, and measure it to the brim of the pelvis, I find that it is four inches; and if I put an instrument in at the *os coccygis*, and measure to the brim of the pelvis, I find that it is six inches; therefore the cavity is of different depths. Then the *forms of the apertures* of the pelvis are of consequence to be known. With respect to the upper aperture, they draw a line from the pubes to the sacrum, and say it measures four inches and a half, and from side to side, and say, it measures five inches and a half; then they draw a line diagonally, and say, it also measures five inches and a half. Of course the pelvis is of different sizes in different subjects: the *male* I know to be very irregular in its size, but it is not so with regard to the female, that is more uniform; but there are women with larger and smaller pelves. When you speak of those dimensions you take the average of different cases, which is what they call a *standard pelvis*, measuring four inches and a half from pubes to sacrum, and five inches and a half from side to side, or diagonally. Then, upon examining the inferior aperture, they say it is of the same size, but with the dimensions reversed: they find that it measures, from sacrum to pubes, five inches and a half, and about four inches and a half in the transverse direction. Now children are born with different sized heads, but there is something of a standard for them, and I have now one in my hand which, if it be measured from the projecting part of the face to the back part of the head, it will be

exactly five inches, and measuring it across it will be four inches and a half; so that there is just *half* an inch to be allowed for soft parts in the pelvis; and the midwife teacher will tell you how many ways the head may pass; I have only to tell you, that it cannot possibly pass down without turning.

It is also important for you to know that the *axis* of the pelvis and the axis of the abdomen are very different—are totally discordant; so that, in cutting for the stone for instance, it is of much consequence that in introducing your instrument it should not be too much depressed on the side of the os coccygis, nor yet too much elevated; and I take it to be important too, that you should put the patient into a situation in which you will be able to know precisely the situation of the os coccygis. I was educated in the old school, you know, and there I was taught that the patient should be put into the situation of half sitting and half lying, so that you have a horizontal plane; and if you put your patient in that way, you will have the best opportunity of examining the *uterus* when you expect disease. Indeed it is necessary to put the patient in this way, that the uterus may descend more, and that the disease may be more palpable.

FOREIGN DEPARTMENT.

On Chronic Gastritis. By M. Andral, jun.*

The effects of inflammation on the primary tissues of the body, should never be lost sight of in the treatment of disease. If the various changes induced in the consistence and colour in the physical and anatomical characters of these structures were merely a matter of curosity, we should not feel so anxious to recur again to the subject, and to entreat our readers' attention to it. That primary inflammation softens all textures, is a truth so fully established by observation and experiment, that it may be regarded as a fundamental principle in pathology; and whatever encreases or keeps up inflammation in any inflamed structures, must necessarily be injurious. If, for instance, the mucous membrane lining the stomach or bowels, be inflamed, would it not be preposterous practice to administer any medicine likely to produce vomiting, or otherwise to stimulate these organs to increased action? yet this has been done constantly, and cases have been published, even very lately, by some practitioners, and noticed by certain reviewers, in which such irritants had been applied immediately to the very seat of the disease, and in which neither the reporters nor the reviewers seemed for a moment to suppose that the practice was injurious, and the principles on which it was founded were altogether erroneous. A case in point just occurs to us, which we recollect to have read in a late number of one of our periodicals.—A physician was called to see a lady who complained of intense pain in the abdomen, particularly in the epigastric region. The pain was increased by pressure, the skin was hot and parched, and a sense of burning heat was felt in the stomach. To relieve these symptoms, a dose of tincture of opium was administered, opium being said, in the books, to possess the power of deadening pain. We wish that those who hold such an opinion would take the trouble to try a simple experiment. If any of them happen to scald his hand or his foot, and while yet the first blush of irritation reddens the part, let him but apply some tincture of opium to it, and he will soon have an idea of the effect which such a medicament would be likely to produce if applied directly to the mucous membrane of the stomach, when irritated or inflamed. Well, the laudanum was given—and in a few minutes was rejected by vomiting. The dose was repeated—the same consequence followed—and the reporter, not warned by the effect of his experiment, resolved still to follow his books, and bravely adhere to his theory of the sedative effects of opium, even when dissolved in ardent spirits. It was given twice, *therefore*, concludes our pathologist; it was given a third time—and then he merely adds, it was a third time rejected. He adheres, however, to his duty as a historian—he merely states the fact, but makes no comment on the practice. After a delay of four hours, the patient was bled, and forthwith a purgative was administered, which produced no effect, as may be supposed; a drastic purge was then given, to which, if we recollect right, some drops of croton oil were added.

After all this, as may be supposed, the patient died. On examination, the peritoneum was found inflamed; the part of it covering the stomach was coated by a layer of coagulable lymph, and the coats of this viscus were perforated in one or two points. We do not just now recollect that any notice was taken of the condition of the mucous membrane. A sapient reviewer reports the case, details the morbid appearances fully, and then exclaims "here was inflammation enough to kill a lion;" but it never occurred to him to inquire how much of that inflammation was owing to the soothing in-

* Repertoire d'Anatomie, Vol. I.

fluence of the opiates, repeated three times ad nauseam usque, to the delay of the bleeding for four hours, or to the administration of a drastic purge in a case of acute gastritis. When it is said that acute inflammation softens all textures, and that it constantly produces this state of "remollissement," or softening in the mucous membrane of the stomach, does it follow, that whenever we find a softening of all the coats of that viscus, that this change is produced by inflammation? Erosion of the coats of the stomach very frequently occurs. It has been called by some, spontaneous erosion. Hunter ascribed this to the action of the gastric juice *after death*. More modern pathologists consider it as the result of a vital morbid process, and the symptoms which characterise it have been minutely recounted by several persons, particularly by Dr. Pitschaft,* of Carlsruhe. It is usually observed, he says, amongst children who are badly nursed; it gives rise to paleness of the face, with occasional flushing, loss of appetite, thirst, dryness of the lips, and chapped tongue. All the ingesta are vomited, diarrhœa supervenes; the stools are slimy and fœtid. The countenance is expressive of pain, it becomes shrivelled and contracted, and its lineaments marked as they are in old age. In such cases, Pitschaft gives (he says with good effect) the mineral acids, in some orange flower water. He restricts the diet to barley water and diluents. The practice seems to us to be founded on some chemical notions of the probable effect of the acids in indurating the softened texture of the organ; if so, the principle is erroneous, at least its application is so in the present instance, for the remedy is applied to the effect of disease, it is directed to a mere consequence, and not to the pathological condition which had produced it. It appears to us, that the vomiting, heat, thirst, and other symptoms, are all indicative of irritation, and that the acid is more likely to increase than to allay it. Mr. Hunter's opinion as to the cause of this softening, was founded upon his having observed it in the stomach of a criminal who had been hung, and who was *reported* to have been healthy up to the time of his execution.

This appears to be rather a hasty inference; a general principle should never be deduced from a single case. Its universality is overthrown by the fact, that this softening occurs during life, and results from some morbid action going on in the part, which may be inferred from the thirst, heat, vomiting, &c. Consequently, Hunter's conclusion, that it occurs *after death*, is by no means tenable. But is this change of structure always the result of inflammation? We shall recur to this subject at a future time; it is of too much importance, in a practical point of view, to be discussed incidentally.

When irritation or inflammation has existed for some time in the mucous membrane of the stomach, it may end by resolution, as happens in other structures. Patients who have suffered from this affection, continue dyspeptic a considerable time; and should it happen that death occurs from some other cause, the mucous membrane will be found as pale, if not paler, than natural; and instead of being softened, it is at least as firm as during the perfectly healthy condition of the organ. Such cases are very likely to deceive persons not conversant with post mortem examinations. They may be led to conclude that no inflammation had existed, and, therefore, that the diagnosis was erroneous. But according to Andral, and we have seen it verified in several cases, there is a pathological condition which proves the nature of the case, and demonstrates, that though the inflammation of the mucous membrane itself had ended in resolution, it still left one of its consequences behind; for the cellular membrane, immediately under the mucous coat, (and which is termed the sub-mucous cellular tissue,) will be found thickened and indurated, and when cut through, the section shows the coats of the tube, whether it be the stomach or intestine, to be considerably thicker than natural. This is a constant effect of chronic dysentery, as well as of chronic gastritis. In the latter case, this pathological condition of the stomach is accompanied by all that train of dyspeptic symptoms marked by heart-burn, gnawing pains, sense of heat, and loss of appetite, which are empirically treated by acids, tonics, blue pill and bitter mixture, as ordered by the regulars, whether purists or generals; and by hippo pill, half grain doses of rhubarb, hot water for dinner drink, and mustard seed by the irregulars of various denominations. In the days of John Brown, the practice of medicine was reduced to a systematic administration of drams; in this "enlightened age," as the critics call it, medicine seems to consist of a ceaseless administration of irritants. How long will these things continue unabated? They will continue until a knowledge of the pathological conditions, induced by disease, are better understood,—until *post mortem* examinations are properly conducted, and more constantly resorted to,—until our hospital system is altered, so as to afford to our students adequate clinical instruction,—they will continue so long as men are put into those hospitals, merely because they have

* Vide Edinb. Med. and Surg. Journal, Oct. 1826. p. 451.

had a university education, and without any reference to their professional acquirements, the majority of whom are mere "imbeciles" in practice, and totally incapable of communicating instruction to others. When such nuisances are abated, we may expect to see men like Andral, Louis, and a host of others in France and Germany, investigating disease in all its varied forms, prosecuting their researches with that ardour which is the true characteristic of genius, and seeking to fit themselves by a long and systematic course of study, and we may say of discipline, for the arduous duties which their profession imposes upon them.

THE FRENCH SCHOOLS.

[*From our Correspondent.*]

PARIS.—No. 1.

Dans un pays libre, on crie beaucoup quoiqu' on souffre peu: dans un pays de tyrannie, on se plaint peu quoiqu'on souffre beaucoup.—CARNOT.

In attempting to furnish you with a sketch of the system of medical education pursued in France, I cannot do better than commence with an account of the schools of Paris, since they may be said to be the representatives of the rest. There is much to censure, and much to commend, in the plans adopted by the French ministry, in respect to education in general. The appointment of Frassinous, the Bishop of Hermopolis, at the head of public instruction, has placed too much power in the hands of a priest, the sure consequences of which are intolerance and discontent. But more of this anon. It seemed to me necessary to prefnce the description of medical education, by an account of the hospitals; as, without understanding the working of them, it would be difficult to understand many points hereafter to be mentioned.

From the time of PHILIP AUGUSTUS, to the period of the revolution, nothing could exceed the wretchedness which prevailed in these abodes of human suffering. Their maladministration, joined with the want of air and beds, caused a dreadful mortality among the inmates and patients; and every successive inquiry brought to light the most appalling facts, without giving rise to any efficient measures for their amelioration. In the year 1786 a pamphlet appeared, which demonstrated the urgent necessity of removing the patients from the Hôtel Dieu, and distributing them in different houses; it also proposed the demolition of the Hôtel Dieu, and the erection of four hospitals without the barriers. This pamphlet called forth an answer from the superintendents of the hospital, who opposed the measure; a third appeared from the first party, which displayed such scenes of mismanagement and misery, that the public became highly incensed at the administration of the hospitals.

This controversy having interested the public in favour of a change, LOUIS XVI. commanded the *Academie des Sciences* to make an inquiry into the state of the Hôtel Dieu;* their report showed the state of the hospital to be most deplorable. The construction of the four hospitals was therefore ordained, and the king invited all classes to concur with him, by subscriptions and donations, in this work of beneficence. All classes seemed anxious to contribute towards carrying the project into execution, and considerable sums were raised; but the profligacy of the minister Calonne, the impoverished state of the government finances, and the events which preceded the revolution, caused several millions of livres of the fund to be dissipated. The revolution breaking out shortly afterwards, the hospitals remained without improvement; but the project of dividing the Hôtel Dieu, and establishing four hospitals, was not forgotten.

By a decree of the national convention, the administration of the department was directed to transfer, without delay, part of the patients into the convents and other buildings, which had become national property; and by a subsequent decree, two new hospitals were added, so that at various successive periods, the state of the *Hôpitaux* and *Hospices* of Paris, has been much improved, particularly since they have been put under the direction of a general administration.

All the public places of amusement, the French Opera excepted, pay a tax of *ten per cent.* on their receipts toward the support of the hospitals; and nearly a fourth of all the entrance duties collected at the barriers, is devoted to the same object. A heavy tax for their support is also levied on every piece of ground purchased for the purpose of burial in the cemeteries.

The general administration form a board, which is attended daily by medical men to examine the patients who apply for admission; by means of which arrangement, the physician of any hospital, whose attention is directed to any particular class of diseases, may have certain patients sent to the hospital to which he is attached. Thus

---

* Before the revolution, five and six patients were sometimes placed in one bed, the dead with the living; and to be sent to the Hôtel Dieu, was only another word for being sent to the grave.

it happens that the cases of fistula in ano, are sent to Baron Boyer at the Charité, because, nobody knows how, the old gentleman has got a peculiar reputation for *cutting* for this complaint, a reputation which he well deserves, as he generally contrives to cut the unfortunates once in a fortnight, and sometimes more frequently. According to the same system, the diseases of the skin are, for the most part, sent to Alibert and Biett, at the hospital St. Louis; and very deservedly so, since there is no place in Paris where these diseases receive more attention, or are more successfully treated. The patients labouring under diseases of the heart and lungs were sent to the wards of Laennec, for the benefit of the *auscultants*, or Laennec's *trumpeters*, as they have been maliciously called by some; the syphilitic patients are all dispatched to the Hôpital de Veneriens, to drink Sydenham's decoction and Van Swieten's liquor, under the superintendence of uncle Cullerier and his nephew Jaques; whilst all ailing bantlings are sent to suck oxymel of squills and syrup of poppies, under the direction of Jadelot, in an establishment especially set apart for the study of juvenile pathological anatomy.

The Bicêtre and Salpetriere receive the crazy and cracked members of the Parisian population,—a community of which Pinel, Esquirol and Pariset are the mayor and common-council-men. Then, lastly, there is the *Maternité*, where the young ladies of Paris find a very convenient asylum, when it is reported necessary that they should go into the *country* for change of air.

The *central bureau*, or general administration, is attended with many advantages, and some disadvantages; the influential men procure the best cases, and some of the most deserving men have nothing to do but to treat ulcers, *gastro-enterites*, and chronic rheumatisms. Accidents and urgent cases are admitted into the hospitals in their immediate neighbourhood, without the observance of this ceremony.

In general, the hospitals of Paris are clean and well managed, for which they are not a little indebted to the *Sœurs de la Charité*, and females of other religious orders who devote themselves to the care of the sick, and "watch over the interests of the Charity." Notwithstanding all this, they are not to be compared with our hospitals, either in point of ventilation, elegance or cleanliness. The tiles of which the flooring of some hospitals is composed, give a sombre appearance to the wards, which at the same time are frequently badly lighted, and almost always irregularly built.

The *number of beds* in the several hospitals and hospices, is about *fourteen thousand*, and the revenues of the institutions amount to more than *nine millions and a half of francs*. The mean number of beds in the hospitals, occupied at the same time, is about four thousand two hundred, and the mean annual expense of each bed, is 603 francs, about 24*l*. The mean expense of the *hospices*, which must be distinguished from the hospitals, as it is a term applied to those buildings for the reception of the aged, infirm and foundlings, is 2,958,823 francs; and their ordinary number of inmates is nine thousand eight hundred persons, each of whom costs about 18 sous a day, a sum equal to nine pence.

In order to prevent any abuse in hospital government, or the residence of incurable patients in the hospital, the *Bureau d'Admission* must make an examination of all the patients in all the hospitals, once in three months. Eight days are generally allowed to a convalescent for his removal, but those recovered from fever or severe surgical operations, are allowed a somewhat longer time.

The *mortality* in the hospitals of Paris is about 1 in 7, that is to say, about 14¼ per cent.; and when it is recollected that the lower classes of the people are admitted into these Institutions without any reference to the nature of the disease, the mortality will not appear excessively great. It must be remembered also, that there are no poor-houses in Paris, to receive the last struggles of expiring wretchedness; since in France there are no poor-laws, whether a loss or gain to the people, political economists have not yet determined. It happens that as the people are occupied in getting their *daily* bread, (*to-morrow* seldom entering the thoughts of a Frenchman,) they are content to spend the fruits of their labour in the *carpe diem*, and to go into the hospitals to die.

By far the greatest number of the Parisian hospitals are supported by the government in the manner before pointed out; and even those which were originally private foundations, as the Hospitals Beaujon, Necker, and Cochin, are, with the former, submitted to the superintendence of the "*Administration generale*" of the civil hospitals and infirmaries.

The patients who wish to get admitted into any of these institutions apply to the Bureau central, which is situated just in front of the entrance to the Hôtel Dieu, in the parvis Notre-Dame. At this Bureau certain physicians and surgeons attend to examine the patients, to send those whose cases require to the hospitals, and to give advice, support, trusses, &c. to such as may not be ill enough to go to a hospital. Assistance is given in this manner to from 10 to 11,000 persons in the course of the year.

The division of the patients into parti-

cular classes, according to their diseases, and the sending of these classes to particular hospitals, is a point in the administration which differs essentially from that adopted in the hospitals of London, where, far from admitting only certain classes of disease into certain hospitals, each ward of a hospital is made to receive medical and surgical cases of all kinds and in all stages, so that it is not unusual to see a case of gangrene in the next bed to a patient with fever, and to hear the incessant prattle of the delirious, or the barking cough of the consumptive, disturbing day and night the surrounding patients suffering from painful chronic diseases. The hospitals here are much better regulated; they have their *Salles de Medicine* and their *Salles de Chirurgie*, and the most dominant forms of disease are placed under the care and treatment of the same individuals. In London, the Lock and Fever Hospitals, the Cancer Ward of the Middlesex, and the foul wards of the large hospitals, are almost the only examples we can find of a similar practice.

No doubt can exist as to the propriety of placing surgical and medical patients, and subdivisions of these, into separate wards, and it is a disgrace to our hospitals, and their officers, that they have not adopted such an arrangement; but it is not quite so certain, that in all cases the same advantage results from the distribution of particular diseases to particular hospitals. It is very commendable in the diseases of children, since they require particular nursing and diet, and their incapacity of accurately expressing their wants, requires that they should have persons as nurses who are acquainted, by habit and observation, with their expressive but inarticulate language.

The Hospital Visit.—At the principal hospitals the visits are made at an early hour; in summer at six or seven, and in winter at eight or nine. The visit occupies about an hour, and after the visit is the clinical lecture. By this arrangement both pupils and teachers are allowed the more active parts of the day to their other occupations. The following is generally the routine.

The surgeon enters the ward, surrounded by the pupils, and having tied on his white linen apron, he proceeds to call over the list of the *Elèves*, whose duty it is to be then present. The Elèves having answered, the business commences. The directing officer has two sheets of paper, on which the Elèves mark in the one the dietetic, and in the other the medical orders for the day. The visit to each patient is generally performed in a very slight and superficial manner; the questions are very loosely put, and follow each other in great rapidity. The number of the patient's bed is called out; the physician or surgeon then reports to the Elèves, carrying the papers, what alteration he wishes to have made in the diet or medicine, and the procession moves on.

It is impossible to go through the wards, without being struck with the inert measures generally used; the treatment is passive and dietetic, and that in a degree bordering on the ridiculous; whereas the English practitioners treat their patients with great activity, and perhaps verge to the opposite extreme. Who can go through a single ward of a hospital in Paris, without hearing such prescriptions as petit-lait, eau d'orge, decoction blanche, potion anodyne, tisane de bourrache, de chiendent, bains, and a half score others of the same sort sounded at the bed side of every second or third patient; the most potential command amounts to the application of six *sangsues*, or a bleeding of four ounces. The preparations just named, with the addition of a few grains of nitre or sal ammoniac, make up the entire materia medica of many. Ask a physician either in or out of the hospital how he is treating a given form of internal disease, and his answer will generally be, "*avec des rafraichisants*," "*des delayants*;" and it is in this mild and almost vegetable negative treatment, that they are content to continue and incur the well deserved censure of the practitioners of neighbouring countries. What was once said by a writer in the Edinburgh Review,* still holds good as regards the practice of the French, namely, that "the English *kill* their patients, whilst the French *allow them to die*." Metallic preparations are very rarely used, and calomel, the *sine qua non* of the English practitioners, is seldom heard of. It is but just, however, to observe, that there are many honourable exceptions to this general slovenness of treatment among the Parisian practitioners.

A peculiarity in the management of the large hospitals, is the changing of the physicians every two or three months. In the Hôtel Dieu, for example, where there are several physicians appointed, the change is made every two months, so that one often sees the very opposite doctrines and treatment adopted in the same Hospital in a very short time. A bloodletting disciple of Broussais leaves to-day, and is succeeded to-morrow by a stanch hæmatophobist, who loudly abuses the searching for smothered inflammations, and vigorously doses his patients with diaphoretics, valerian, and angelica.

---

* On the state of science in England and France. Edinburgh Review, Nov. 1820.

THE LANCET.

London, Saturday, October 28, 1826.

In the last Number of the Medical Mausoleum, which *Dr. Copland* has bequeathed to Messrs. Darwall and Conolly, physicians, of Warwickshire, Dr. Shearman has made a few observations "on the distinction between rheumatism and inflammation," as if such "distinction" had never occurred to physicians, and in happy ignorance of the opinions and writings of the late Bartholomew Parr; to which, however, having first allowed him to broach his ideas, we may have occasion to direct his attention.

"What, in the medical language of the present day," says Dr. S. "is called 'inflammatory action,' is frequently a process instituted by nature for the cure of some previous disease, or deviation from a state of health in some particular part. But this process sometimes exceeds in degree what is merely sufficient for the intended purpose; and we are apt to consider this attempt of nature, whether excessive or not, as a state of disease, overlooking the actual original local disease, or to confound them together: this is particularly the case in rheumatism, which is usually denominated an inflammatory disease; but an accurate investigation into the nature and progress of rheumatism, will convince us, that all the inflammatory action accompanying this affection arises during its course, *subsequently* to the primary attack, and is produced in consequence of the local affection, and as the natural cure thereof.

The division of rheumatism into acute and chronic is unnatural and absurd,—the essence of the disease is the same under all its varieties; but we are in this instance, as in many others, misled by the vague application of general terms. We ordinarily employ the word chronic to signify the protracted state of disease; and in the case of rheumatism more particularly, to denote the duration of the disease, after the cessation of whatever disturbance of the general system accompanied the early stages of the complaint. But we frequently have rheumatism occurring, and that with great severity, without any the least disturbance being produced in the general system; and this state is also called chronic. Nothing but custom could induce us to employ the same term to express such different and opposite conditions. It would be better at once to do away with these distinctive appellations, and to use the term rheumatism simply to denote the disease, whether existing in the one or other form; to consider what is now called chronic rheumatism as the essential disease, the inflammatory affection as an adventitious circumstance; for we shall find that pure rheumatism always *first* arises in this form, and when the local affection is not cured by the general inflammatory disturbance, that it again maintains the same form after the subsidence of such general disturbance, in which case alone could the term chronic be applied with any the least regard to its etymological derivation."

Another argument which he uses is, that—

"Rheumatism does not possess the character of convertibility, which distinguishes the different species of inflammation, one of which is frequently, under certain circumstances, converted into the other. Phlegmonous inflammation, possessing all the distinctive characters of that species, pouring out pure and 'laudable pus,' shall, upon the patient being exposed to the contaminated air of a foul ward, or being otherwise suddenly debilitated, immediately be converted into erysipelatous inflammation, pouring out, instead of pure pus, a sanious ichorous fluid, and extending itself superficially in the usual manner of erysipelas. On the other hand, in many cases of local inflammation, possessing all the distinctive erysipelatous character, we employ cinchona, resinous substances, and tonics, with the effect of converting the erysipelatous into phlegmonous inflammation, and changing the sanious ichorous discharge of erysipelas into the pure and genuine pus of phlegmonous inflammation. But rheumatism, never, under any circumstances, is converted into phlegmonous, nor into erysipelatous inflammation; neither is a phlegmon or an erysipelas converted into rheumatism, although frequently into each other. Rheumatism, therefore, possesses not the common characters of inflammation."

We cannot for a moment withhold our assent to the conclusion of Dr. Shearman, that rheumatism possesses not the common characters of phlegmonous or erysipelatous inflammation, it being perfectly clear that the inflammation is specific, *sui generis*, as much as any other species recognised by pathologists. It is true, as Dr. Shearman states, that what is called acute rheuma-

tism, that is, articular pains or swellings with increased vascular action and fever, will yield to treatment which, in pleurisies, or any other form of phlegmon, would be quite unavailing; but this only proves, that however diffused the disease may appear, it is still essentially rheumatism, and serves to draw still stronger the line of distinction which separates it from all other pains, or inflammations, or fevers, except, perhaps, podagra. It is well known, that what is called acute rheumatism, yields more readily to medical treatment than the more or less chronic affection of the same name; but each is modified by the idiosyncracies of patients, like all other ailments, and by the various states of life with which it combines. Thus, in the young and robust, it is usually attended with increased vascular action, and most of the symptoms of inflammatory fever; while in the cachectic and aged, whom it far more frequently attacks, it burns with a low and smothered flame, in direct proportion to the diminished energy of the patients. Nor can it be removed by restoring the tone of the system *for a limited period* to its pristine strength, or, in other words, by exciting vascular action, which, according to Dr. Shearman, is the method by which nature effects its cure. The late Dr. Gower tried this plan at the Middlesex Hospital, and failed in every instance. Like every other practitioner he could cure acute rheumatism with the greatest facility, but was often baffled in treating the chronic. Upon this he gave his patients wine and brandy, and bark, and beef steaks, thus making the latter state pass into the former; he then commenced the antiphlogistic treatment, bleeding included, and as speedily brought about the chronic state again, which, indeed, was rendered more obstinate by the experiment. The idea was ingenious, but the result proves how little our boasted induction comports with the treatment of diseases. As to Dr. Shearman's distinction between rheumatism and phlegmonous inflammation, that has been settled long ago. Unlike the latter, rheumatism seldom terminates in suppuration, although Morgagni has related one instance to this effect; nor commonly in effusion; and to erysipelas it has not the most distant analogy. As Dr. Shearman thinks it would be better "to use the term rheumatism, simply to denote the disease whether existing in the chronic or acute form," we are happy in being able to inform him, that his suggestion has been anticipated, and that if he will refer to Dr. Parr's Nosology, and to the article rheumatism in the Dictionary, which it is probable he has lately read, he will find that his wishes have been fully attained. Parr makes rheumatism, arthrodynia, podagra, &c. species under the genus arthritis; and "assuming articular pain, as a genus independent of fever," has been able to connect acute and chronic rheumatism, "without losing sight of the operations of Nature, or the rules of classification." What more would Dr. Shearman have?

It might seem invidious not to notice the literary demise of the illustrious Copland, who so long sustained the reputation of the above-mentioned Journal. We shall not be supposed to pretend that he was ever distinguished by superior attainments, correctness of taste, depth of erudition, or what else may make up the Editor, when we maintain that he exercised his craft in a manner less supercilious and cringing, though not less malignant than his brother of the Medico-Chirurgical Review, whom he surpassed in general acquirements. But he wanted the literary tact of the other; that suaviter in modo, and cajolery, by which Johnson has been enabled to pursue a course the most monstrous, perhaps, that ever astounded the judicious, or pleased the vulgar, the interested, the benighted, and the foolish, of this or any other epoch. The fate of the

once promising, but unhappy Copland, cut off in the prime of his days, and wafted down to oblivion, without even the momentary stay of an epitaph, is, indeed, truly humiliating. How Messrs. Darwall and Conolly, the rural deans of the Mausoleum, will excuse this want of respect to the memory of their patron, we are at a loss to conjecture; at all events we have done our duty in this simple *hic jacet*, and now take leave of our departed brother for ever.

Salve æternum mihi, maxime Copland,
Æternumque vale!

A Short Inquiry into the principal Causes of the Unsuccessful Termination of Extraction by the Cornea, with the view of showing the superiority of Dr. F. Jaeger's Double Knife over the Single Cataract Knives of Wenzel and Beer. By Charles Loudon, Member of the Royal College of Surgeons in London, &c. 4to. fol. 14. Longman and Co. 1826.

In this little work, the principal difficulties which present themselves in the performance of extraction, are shortly and accurately described. The general unsteadiness of the globe, from the influence of the mind, and from the mechanical pressure and irritation of the knife; the premature escape of the aqueous humour, and consequent protrusion of the Iris; and the difficulty of retaining the eye in its natural situation to complete the section of the cornea, are circumstances which frequentiy attend the operation for extraction, and prove very embarrassing to the most expert. Any contrivance which proposes to prevent such contingencies, deserves attention; and although experience alone can determine its value, it appears to us that the instrument described by Mr. Loudon, will be found to possess some advantages in particular cases, especially when the left eye is to be operated on, and when the surgeon is not ambidexter. During his stay at Vienna, Mr. Loudon had an opportunity of seeing Dr. Jaeger, the son-in-law of the celebrated Beer, use a double knife to make the section of the cornea with great success. The description of the instrument, which is accompanied by an engraving, is thus given by Mr. Loudon:

The instrument is composed of a Beer's blade affixed to a handle; a smaller blade of the same form, having its flat side in contact with the other knife; and a button screw. When not in use, the second blade is situated within the outline of the first, with which the cornea is transfixed. It is introduced in the same way as Beer's knife, not parallel, but nearly perpendicular to the cornea, and afterwards carried across the eye, exactly like the single knife, with the posterior surface of the fixed blade parallel to the iris, at the usual distance from the junction of the cornea with the sclerotica. When the point of the greater knife has transfixed the cornea at the inner side, pressure is made on the button head of the smaller blade, which slides in a grove in the upper part of the handle, with the thumb, with which it is pushed steadily forward, whilst the greater blade keeps the ball firmly fixed, and thus the section of the cornea is completed. A needle is then introduced to lacerate the capsule, and the operation concluded by gentle pressure on the ball, if necessary, to displace the lens from its natural situation.

The advantages to be gained by the use of Dr. Jaeger's knife, are thus briefly stated:

In employing the double knife, we may use it as we would Beer's knife. After the counter puncturation has been made, we have *a support for the globe* in the greater knife, whilst the *section is performed by the smaller*. There is no necessity for dragging the eye forward, to enable the operator to complete the incision. This instrument has little or no chance of wounding the parts at the inner angle; and if the knife be fitted to the cornea, there is no danger of making a smaller cut than is necessary for the extraction of the lens. There is less of the aqueous humour discharged, previous to the iris being out of danger; the edges of the wound are smoother and more regular, and the eye is prevented from going nearer to the inner angle than it ought to do, where pressure inwards requires to be made in old persons with hard corneæ.

To our great surprise, the author has dedicated his pages to Mr. Alexander, "as

a mark," as he says, "of respect for his high professional talents." No "professional talents," however high, can entitle a man to respect, so long as he seeks to support his reputation by illiberality and secresy, conduct utterly at variance with the character of a scientific man. Mr. SAUNDERS was a man of some professional talents, but was a *secret operator*; Sir WILLIAM ADAMS travelled through Germany, offering his remedies at certain *prices*, like a licensed hawker, at a time when thousands of his fellow-creatures were suffering from the dire effects of ophthalmia, which he said he *could* cure, but *would not*, unless they would purchase his *secret treatment*. Mr. Alexander was brought up in the same school, and has shown that he is a faithful pupil of such a master. Can the present, or future generation, ever *respect* such men?

Lexicon Pharmacopœlium, or a Pharmacopœial Dictionary. By THOMAS CASTLES. Member of the Physical Society, Guy's Hospital. London, 1825, post 8vo. pp. 327, Cox and Son, Simpkin and Marshall.

THIS little work contains the last edition of the London Pharmacopœia, in Latin and English; the chemical decompositions, a description of the simples and compounds of the Pharmacopœias of London, Edinburgh, and Dublin, with their properties, uses, and doses; an English index of technical terms relating to medicine; Cullen and Murray's arrangements of the Materia Medica; an alphabetical explanation of the operations of medicines, and a sort of vocabulary of the terms usually found in prescriptions, &c. It is an unpretending but useful compilation from the best authorities, on the several subjects which it embraces, and well adapted to the wants of apprentices, druggists, and persons commencing their studies of medicine and pharmacy.

THE BUSINESS of the London Ophthalmic Infirmary was commenced, or rather projected, in October 1804, at which period Mr. SAUNDERS published the following prospectus:—

A proposal for the Establishment of a Dispensary for the Relief of Persons afflicted with Diseases of the Eye and Ear.

AMONG the many charitable institutions which mark the wisdom and benevolence of the inhabitants of this Metropolis, there is none particularly appropriated to the relief of the poor who are afflicted with Diseases of the Eye and the Ear. No diseases, which do not affect the life of the patient, are more distressing than such as are incident to these organs, or demand greater dexterity and skill in their treatment. The structure of the eye and ear is so delicate and complex, and their irritability under injury so extreme, that they cannot easily be treated but by those who make them the objects of peculiar study and attention. The acknowledged difficulty in the treatment of the diseases to which they are liable, has induced a few to separate themselves from the general practice of professional duties, and to devote themselves to the exercise of this branch alone, a fact which sufficiently establishes the expediency of making them the objects of a specific institution. Every surgeon must allow, that the most unremitting attention to minute circumstances is requisite to insure success, after some of the capital operations on the eye; and through the want of it, that the most dexterous operations are frequently defeated. In large hospitals and dispensaries, which embrace a variety of objects, where the medical Intendants are deeply interested in the most formidable and excruciating diseases, it can rarely happen that sufficient leisure is afforded for the exercise of that strict care and attention which operations on the eye demand; much less will it happen when patients are the subjects of fortuitous operations, and retire afterwards to their own homes, where they experience a miserable want of every comfort and convenience, that such operations can be successful. Impressed with these considerations, the Author of this Address, who devotes himself to the Treatment of Diseases of the Eye and Ear, solicits the public to patronise an institution, which will enable him to extend relief to the poor who are afflicted with these diseases. An institution of this kind will be the means of restoring to society the exrtions of many industrious individuals, and will be established and carried on, at a very moderate expense. The Author of this Address offers his services to the Cha-

rity, without any pecuniary emolument to himself, and he pledges himself to the Promoters of the Institution, that the Public shall reap the fruit of their beneficence.

J. C. SAUNDERS,
Demonstrator of Practical Anatomy,
at St. Thomas's Hospital.
24, Ely-place, Holborn.

On this document we shall probably offer a few comments hereafter. On the back of it there was printed the following certificate, signed by the whole of the surgeons and physicians attached to, Guy's and St. Thomas's hospital :—

"We are of opinion that the establishment of this charity will prove beneficial, and is therefore worthy of public support; and that the author of the proposal is qualified to secure the accomplishment of its object."

In an advertisement which appeared in *The Times*, on the 8th of January, 1805, we find the following announcement :—

"LONDON DISPENSARY

For the relief of the poor, afflicted with diseases of the EYE and EAR."

At a meeting of the Committee appointed for the establishment of this Dispensary, held at the *City Coffee House*, Friday, Jan. 4, 1805, BENJAMIN TRAVERS, Esq., in the Chair,—

[It was moved, that the prospectus which had been published by Mr. SAUNDERS, together with the above certificate, should be read to the Committee; after which, as the advertisement states, the following resolutions were put and carried unanimously :]—

"That a Dispensary be instituted under the name of the LONDON DISPENSARY, for the relief of the poor afflicted with diseases of the EYE and EAR, where they may apply and obtain advice and medicines gratis."

"That the Dispensary be situated in a central part of this city, and contain beds for the reception of patients who undergo the operation for the cataract, or any other operation requiring minute care."

"That the Charity consist of a Treasurer, Governors, Secretary, and Medical Officers."

"That Mr. J. C. SAUNDERS be appointed surgeon of the Dispensary, and that Dr. FARRE be appointed physician, in cases requiring medical aid."

"That Mr. R. BATTLEY be appointed Secretary."

Then follows a list of the Committee, and the rear is brought up by the signature of R. BATTLEY, *Secretary*.

The BUSINESS was so well managed, that the INFIRMARY SHOP was open for the reception of *gulls*, on the 28th of March, 1805; and three years afterwards, viz. in April, 1808, a formal account of the proceedings of the Ophthalmic Warehouse was submitted to the public, in the shape of a pamphlet; the title page of which we will here faithfully transcribe :—

LONDON INFIRMARY
FOR CURING
DISEASES OF THE EYE,
No. 40, CHARTER-HOUSE SQUARE,
UNDER THE DIRECTION OF
Mr. SAUNDERS, OCULIST,
No. 24, ELY-PLACE;
Dr. FARRE,
No. 30, CHARTER-HOUSE SQUARE,
CONSULTING PHYSICIAN IN
CASES REQUIRING MEDICAL AID;
INSTITUTED, 1804,
OPENED FOR THE CURE OF PATIENTS ON THE 25th MARCH, 1805.
AND
SUPPORTED BY VOLUNTARY CONTRIBUTIONS.

Is this quackery? Let Dr. FARRE, the friend and coadjutor of the SECRET OPERATOR, answer the question.

This pamphlet contained the following Letter from Mr. SAUNDERS to the Members of the Committee, or rather to the public :

TO THE COMMITTEE.

GENTLEMEN,—As you have resolved to submit this Charity in a regular form to the notice of the public, it will not be foreign to the design, if I should revert to the circumstances which attended its origin. On the 1st of October, 1804, I published a Proposal for instituting a Dispensary for the relief of the poor, afflicted with diseases of the eye and the ear. This Proposal was sanctioned by the testimonials of the physicians and surgeons of St. Thomas's and Guy's Hospitals, where I had then been engaged in professional studies ten years, during eight of

which I had acted as the teacher of practical anatomy. The plan was immediately encouraged—this Charity was instituted under the name of the London Dispensary for curing Diseases of the Eye and Ear, and opened for the reception of patients on the 25th March, 1805.

Subsequently to the date of my Proposal, a similar institution, honoured with the royal patronage, was formed and established in Westminster. Although the prospectus of the Royal Infirmary was not heard of until many months after the publication of my Proposal, yet it must be admitted that that Institution first appeared before the public in a regular and organised form; and this, which is the original, is consequently considered by all who are unacquainted with the facts, as the copy. Apprehensive of this impression, I immediately claimed, by public advertisements, which were never answered, the priority of my proposal.

I should be excused for thus obtruding on your notice, if I sought merely the indulgence of honest pride, by maintaining this just claim to respect; but I shall yet more readily be excused, when you reflect, that if I had abandoned this claim, the public would continue to regard me as an humble copyist.

In the return which I have now the honour of delivering to you, the cured are arranged under the heads of the diseases with which they were afflicted. In addition to the observations made on the last Report, which are equally applicable to the present, there is one point on which I must beg the indulgence of expatiating, I mean the adaptation of an operation on the cataract to the condition of childhood, by which I have successively cured without a failure, fourteen persons born blind, some of them even in infancy, and it has just been performed on an *infant only two months old, who is in a state of convalescence.* As I reserve for another occasion the communication of the method which I pursue for the cure of very young children, I shall no farther compare it with extraction, than by observing, that extraction is wholly inapplicable to children, or only fortuitously successful. Those who on all occasions adhere to this operation, and have never turned their thoughts towards the application of means more suitable to this tender age, have been obliged to wait until the patient has acquired sufficient reason to be tractable—*otherwise when they have deviated from this conduct, the event has afforded little cause of self-congratulation.*

How great the advantage of an early cure, is a question of no difficult solution. Eyes originally affected with cataracts contract an unsteady and rolling motion, which remains after their removal, and retards, even when it does not ultimately prevent, the full benefit of the operation. A person cured at a late period cannot overcome this awkward habit by the utmost exertion of reason or efforts of the will. But the actions of the infant are instinctive. Surrounding objects attract attention, and the eye naturally follows them. The management of the eye is therefore readily acquired, his vision rapidly improves, and he will most probably be susceptible of education about the usual period.

I am, Gentlemen,
Your obedient servant,

J. C. Saunders.

Ely Place, March 25, 1808.

And in the address of the Committee to the public, we find the following paragraphs:

"The Committee avail themselves of the close of the third year, when experience has displayed the utility of this infirmary, to publish its proceedings to the world. The benevolent will on this occasion participate in their sentiments—satisfaction for the past and anticipation of future success—an anticipation which is founded on the character and conduct of the gentleman from whom the plan of the Charity originated, and to whose skill and personal exertions its usefulness is to be ascribed. Let it not be thought, that in bestowing this just applause, they have exceeded the line of their duty. By diffusing a knowledge of his talents and the application of them, they advance the interests of the Institution, and it is grateful to their feelings to blend distinguished individual merit with the great and general cause of benevolence.

They feel it their indispensable duty to call the public attention to the fact, that the *operation on persons born blind with cataracts, has hitherto been deferred until they arrive at an age when reason will teach them the necessity of submission. To Mr. Saunders belongs the praise of having overcome the difficulty of the case, by an operation which he has performed with uniform success on children at various ages, earlier than that at which oculists have been accustomed to operate, and even on an infant only nine months old.*"

The lines in italics are thus distinguished in the original. In the same pamphlet is published a statement of the Joint Stock Ophthalmic Company's accounts; it does not say by whom they were audited, but doubtless every item was satisfactory to Messrs. *Saunders, Farre,* and *Battley.*

From 25th March, 1805, to 25th March, 1806.

Dr.	£	s.	d.	Cr.	£	s.	d.
To amount of Life Subscriptions	483	0	0	By Cash paid House Rent to Michaelmas last	48	15	0
To do. of Annual subscriptions	280	7	0	By do. for Books, Printing, Engraving, Advertising, distributing Letters, and Stamps	69	7	6
				By do. for Medicines and Drugs to Christmas	68	4	7
				By do. on account of the Lease, and for Household Furniture	51	13	11
				By do. Butcher's, Baker's, and Coal Bills, to 18th Jan.	28	8	10
				By do. collecting Subscriptions	17	17	0
				By do. Housekeeper and Assistant—Gratuity for Service	15	0	0
				By do. Surveyor, Appraiser, and sundry petty Bills	8	6	7
				By do. William French's Estate to Christmas	7	12	4
				By do. Taxes, Water Rates, Insurance from Fire, and Lamplighting	6	15	8
				By Balance in the hands of Henry Kensington, Esq. Treasurer	391	18	7
				By Arrears of Subscriptions	49	7	0
	763	7	0		763	7	0
To Balance brought down, in the hands of the Treasurer	391	18	7				
To Lease of the House No. 40, Charter-house-square, value £300 0 0				By Sundries—Cash advanced by Twenty-seven Gentlemen, to pay for the Lease and Fixtures	405	0	0
To Fixtures in ditto 118 0 0				By H. Bell, for Half a Year's Rent, due at Lady-day last, Half Year	32	10	0
To Furniture in do. 40 0 0							
	458	0	0				
	849	18	7		437	10	0

From 25th March, 1806, to 25th March, 1807.

1806.	£	s.	d.		£	s.	d.
March 25. To Balance in the hands of Henry Kensington, Esq.	391	18	7	By Cash paid 27 Gentlemen, for Money borrowed to pay the Lease and Fixtures, 15*l.* each	405	0	0
				By House-rent to Michaelmas last	65	0	0
1807.				By Printing, &c.	13	12	6
March 25. To Cash paid into the hands of the Treasurer	379	7	0	By Butcher's, Baker's & Coal Bills	60	14	11
				By Taxes and Insurance from Fire	18	1	6
				By Medicines and Surgeon's Instruments	73	11	0
				By collecting Subscriptions	18	19	3
				By Housekeeper and Assistant—Gratuities for Service	30	0	0
				By sundry petty Bills	3	17	1
				By Balance in the hands of the Treasurer	77	9	4
	771	5	7		771	5	7
To Balance	77	9	4				
Lease of the House £300 0 0							
Fixtures 118 0 0							
Furniture 40 0 0							

From

From 25th March, 1807, to 26th March, 1808.

Dr.

1807.	£	s.	d.
March 25. To Balance in the hands of Henry Kensington, Esq. Treasurer..... ...	77	9	5
1808.			
March 25. To Cash, amount of Subscriptions paid into the hands of the Treasurer.....	385	4	0
	462	13	5
	462	13	5
1808.			
March 23. To Balance brought down	64	11	1
To Lease of the House 300 0 0			
To Fixtures 118 0 0			
To Furniture..... 40 0 0			

Cr.

1809.	£	s.	d.
March 25. By House Rent from Michaelmas 1806, to this day	93	15	0
By Taxes and Insurance from Fire	15	18	8
By Butcher's, Baker's and Coal bills	72	15	6
By Medicines, Surgical Instruments, and Glasses for the patients restored to sight by operations for the Cataract ..	32	9	3
By Printing, Advertising, Books, and Postage	41	11	2
By sundry Petty Bills, Carpenter's Work, Blankets, and Household Utensils, &c. &c.	22	18	9
By Housekeeper and Attendant's Salaries.....	50	0	0
By Collector for receiving Subscriptions	18	14	0
By Balance in the hands of the Treasurer	64	11	8
	462	13	5

Enough for the present; the conclusion in our next: meanwhile we hope the Governors will give the foregoing documents an attentive perusal.

It is with regret that we announce the death of SCARPA, formerly Professor of Surgery in the University of Pavia. VACCA BERLINGHIERI, or as he was more frequently called, VACCA, died a short time before. Thus, Italy in a short time has lost two of her brightest ornaments in the medical profession. We are promised some account of the lives of these eminent men, from our Italian correspondent.

We have authority for stating that the DEAD HOUSE TAX at St. Bartholomew's Hospital, is neither levied nor sanctioned by the Surgeons and Physicians of that establishment. The BOX CARRIERS are the exclusive servants of the GOVERNORS, by whom they are paid. The students, therefore, would do well to make known their complaint to the COMMITTEE.

We continue to receive a vast number of letters, on the subject of the disgraceful TRICK which has been practised on the pupils of St. Bartholomew's, by the lecturers, in reference to the DEMONSTRATIONS; and we find that the whole of the blame connected with this transaction, attaches itself to Mr. ABERNETHY,—Messrs. STANLEY, WORMALD, and SKEY, being entirely absolved from any impropriety of conduct; indeed, we have the best authority for stating, that the two former gentlemen were most desirous that those persons should be *advertised*, who were to *give* the DEMONSTRATIONS.

THE VETERINARY COLLEGE.

For the prosecution of physiological inquiry, for the cultivation of comparative anatomy, and for an acquaintance with the diseases of domestic animals, which, by their artificial modes of life, and other causes, have been rendered numerous, complicated, and often difficult to discover; no institutions are so well adapted as those termed Veterinary Colleges, or Schools. Every man of science is familiar with the names of Vicq D'Azyr, Daubenton, and Cuvier; their researches into the structure of the animal economy could never have reached half their present extent, nor possessed such value, if the gates of the Veterinary School at Alfort had not been freely open to them. Magendie availed himself of the same opportunities, and many of his experiments owe their value to their frequent repetitions at that school. Founded on equally liberal plans, the *Thierartzneishule* of Berlin has acquired a very respectable reputation from the exertions of its conductors, and from its having been the arena of much interesting physiological and pathological inquiry. Rudolphi, in his Elements of Physiology, has acknowledged how much he was indebted to that institution for numerous opportunities it afforded of determining points of the greatest importance in a practical as well as a scientific point of view. Our pages have lately recorded the interesting experiments of Hertwig on the brain, made at the same place. That a similar institution might be made equally available for the same purposes, in this country, there can be no doubt; and it is to direct the attention of the profession to the neglected, and almost useless state of our Veterinary College, and to show them what benefit might accrue from its judicious management, that we have thus introduced it to their notice.

It is unnecessary to allude to the value of comparative anatomy; every man who reflects a moment, or who knows aught of the history of medicine, must be convinced that the successful treatment of disease can only be arrived at through such a path. To show that the Veterinary College is capable of being made a very valuable institution to medical science, it will only be necessary to say that John Hunter was among its first and most zealous supporters. He was so, not from venal motives, nor because he hoped one day to become a patentee of horse shoes, but because he saw in the future condition of the institution, a rich field would be opened for the culture of the scientific anatomist. In order to attain the legitimate objects of the institution, and to fulfil the benevolent views of its founders, we shall introduce a brief historical sketch of the Veterinary College, and afterwards show how little has been, and how much remains to be done, in the administration of what at present may be fitly styled a sinecure's nest.

The Veterinary College was established in 1792, chiefly by the public spirited exertions of a few individuals; and as there were at that time no men amongst us fitted for the situation, M. St. Bel, a French gentleman of zeal and ability, was appointed professor; and for the same reason, the examining committee were of necessity chosen from the *medical practitioners* of the metropolis, who took an active part in establishing the institution.

Many young men of enterprise and talent became pupils at the College, allured by the prospect of gaining both profit and honour in a new profession which promised well to repay their exertion, and of which the difficulties did not at first appear. St. Bel was an active and efficient teacher, and his death, which took place in the second year of his professorship, was much lamented by the pupils.

As the objects and importance of the Veterinary College became more generally known and understood, it soon acquired extensive patronage; and under the auspices of the present professor, who has added wealth and consequence to the chair, it may be said to have been a most highly favoured institution, with regard to the flourishing state of its domestic affairs, if not in the discoveries which have crowned its efforts; for it is amenable to no tribunal for its conduct, but that of the public, who have hitherto supinely relied upon 'the report of the

director; no critic has demanded a reason for its acts, or disturbed its quiet repose.

An advertisement, dated 1825, sets forth that "the extreme ignorance and incompetence of the greater part of the practitioners on the diseases of horses, called farriers, had been long and universally complained of. To remedy this, and to meet the evil in the most effectual manner, several gentlemen formed themselves into a society for the improvement of the veterinary art. A large piece of ground was provided, and a range of stables, a forge, a theatre for dissection and lectures, and other buildings, were erected at a considerable expense."

"The grand object of the Institution was to form a school of veterinary science, in which the anatomical structure of quadrupeds of all kinds, the diseases to which they are subject, and the remedies proper to be applied, might be investigated, and regularly taught, in order that enlightened practitioners of liberal education, whose whole study might be devoted to the veterinary art, might be gradually dispersed over the kingdom, on whose skill and experience confidence might be securely placed. For this purpose pupils are admitted at the College; who, in addition to the lectures and instructions of the professor, and the practice of the stables under his superintendence, at present enjoy (from the liberal disposition of some of the most eminent characters of the faculty to support and protect this establishment) the peculiar advantage of *free* admission to their medical and anatomical lectures. In order, however, that no doubt might arise respecting the sufficient qualifications of pupils upon their leaving the College, they are to be strictly examined by the Medical Committee, from whom they receive a proper certificate if they are found to have acquired a sufficient knowledge in the various branches of the veterinary science, and are competent to practice with advantage to the public."

Among the rules and regulations, we find the following:—

"Every subscriber of the sum of twenty guineas, is a member of the Society for life."

"Every subscriber of two guineas annually, is a member of the Society for one year, and is equally entitled to the benefits of the Institution, whilst he continues such."

So said the advertisement, which is followed by many noble names, and a list of twelve hundred subscribers.

In order to form a probable guess at the state of the Institution, to support which "great and unremitting pecuniary exertions must be made," we will just contrast its revenues with the expenditure, as it appears to us who are not unacquainted with the details of the subject.

Twelve hundred subscribers, (the number is much underrated,) at two guineas per annum, and 60 pupils at twenty guineas, would produce an income of about 4000*l*.

The livery keep of sick horses requiring a small quantity of food, at the usual charge of stable-keepers, 3*s*. per night, must, on a large scale, be rather a profitable concern; and as "horses are shod at the College forge, at the ordinary prices," it must be inferred, that the Institution does not lose in practising a trade by which so many individuals gain a livelihood.

It must be obvious, that if these departments can be profitable in the hands of private persons, they must, on this extended scale, be more than amply sufficient to support themselves, and all the expenses attending them; and we are ignorant of any deductions which should be made from the College income, excepting the salaries of the professor and his deputy, which are, nominally, only a few hundred pounds; with, perhaps, a demonstrator and a drug-grinder, who would not draw much from the public purse. The bonus, which the former gentlemen receive for professional opinion, must also be considerable. We only wish to show, by these remarks, that the grant of 500*l*. per annum, from Parliament, is quite unnecessary, and, perhaps, even injurious to the true interests of science; for we see, in too many instances, that public institutions are rendered corrupt by superfluity.

Whatever may now be thought of the importance and emoluments of our veterinary professor, at the death of St. Bel the office was so little desirable that for some time no qualified person could be found to fill his station: it was refused by Mr. James Clark, of Edinburgh, who, at that time, had a high reputation; and finally accepted by Mr. Moorcroft, upon condition that a coadjutor should be allowed him.

In the dearth of veterinarians, no one seemed to offer but Mr. Edward Coleman, a young man, who had been educated chiefly at the Borough schools, under Messrs. Cline and Cooper, whose powerful interest was the occasion of his elevation.

He had made himself known to the managing Committee, by some investigations and experiments on the subject of horse-eyes; but was, otherwise, professedly ignorant of veterinary affairs; indeed, his humble language, on coming to the College, was, that he came to learn rather than to teach; but being a man of persuasive manners, and considerable address, he soon acquired sufficient boldness to forget his disqualifications, and to fill, with greater confidence, the vacant chair into which he had almost unwittingly fallen.

Certain it is, that Mr. Coleman owed not his promotion so much to his own merits, as to a fortuitous union of circumstances; and

whether this choice has proved a fortunate one for the public, his conduct decides.

These gentlemen continued for some time to exercise jointly the duties of the professorship; but Mr. Moorcroft soon found the cares of his own business sufficient for him, and resigned the situation wholly to his junior colleague.

Finding himself now alone in power, Mr. Coleman was anxious to do something which should justify his elevation; but it is no easy thing for a Commander-in-Chief, who has the art of seeming wise, to descend to learn the duties of a subaltern, and who, under such circumstances, could doubt that his talents had guided his good fortune?

Among the few veterinarians at that time, who could boast a liberal education, there was much want of confidence, and various opinions on the most important point of practice. St. Bel's system of concave shoeing, had been found useless and unavailing, and the common method was generally allowed to be destructive to the foot, so that Mr. Coleman found himself called upon to make his election, or adopt some measure for alleviating this evil, which should carry with it the semblance of originality.

The writings of a French author, Lafosse, were then in considerable repute; from them, and from some of the pupils at the College, the Professor derived his favourite doctrine, that contraction, and all diseases of the foot, would be prevented, by causing the frog to receive a primary degree of pressure; therefore, sending to Coventry the concave-shoe of his predecessor, he began to recommend the thin-heeled shoe of Lafosse, and to advocate the necessity of this delusive system of frog pressure.

It is much to be regretted that he should have allowed these feelings, and, perhaps, a premature desire of profitable fame, so early to wed his faith to error; though, had he possessed sufficient candour to have acknowledged his mistake, when he found the practice fail, instead of obstinately persisting in the same for thirty years, we should not have had the sin of hypocrisy to add to a lack of judgment. Had he even been content with teaching, and waited till time had ripened his experience, and proved the truth or falsehood of his first convictions, before he published on this important subject, all might still have been well; but, unfortunately for the veterinary art, these opinions appeared in a large quarto volume, hereafter to be considered, which set the seal upon all future improvements at the College, and has proved a bar to the admission of more liberal views, and a stumbling block to knowledge.

By this time the public had become fond of the title of Veterinary Surgeon, and it was usual for opulent farriers who found themselves sneered at, under that name, to send their sons to London for the benefit and credit of a College education.

These young men carried into the country the two-guinea book, and attempted to practise its frog-squeezing doctrines; but finding that their horses were lamed and injured, they have uniformly returned to the common plan of shoeing, with their faith, one should suppose, rather shaken in the principles they had been taught, but with too much respect for their master, from whom they derived their pretensions to knowledge, openly to decry him. Seeing that the thin heeled shoes were losing ground, and previous to the publication of his book, the professor invented an iron artificial frog, calculated to bring pressure upon this part in the stable, for which he obtained a patent; it was rather the most ridiculous of all his patents, and if it ever was used beyond the pecincts of the College, it is now only to be seen in the collections of the curious. So highly did the professor deem of its merits, that it was ushered into the world by a separate treatise from his own hand, published in the *first* and we believe *only* Number of 'Veterinary Transactions;' for even his friends considered this so unfortuate a production, that future exposures were best avoided; indeed the whole affair of this *patent* artificial frog, both in principle and application, was of such a nature as would have damned a man of less good fortune than the author. He seems finally to have been of the same opinion as his friends, having published nothing more on these subjects; but instead of changing his plan of shoeing, or seeing the errors of his way, he only went deeper into the mire, and at different times subsequently, has taken *patents* for *two* or three fantastic fancies, bearing the elegant names of *frog* and *spit bar* shoes, and calculated even more than the shoe of Lafosse, to bring unnatural pressure upon this soft and retiring frog. In the course of thirty years, some hundreds of young men have been educated in these false doctrines, which we venture to say none of them have found generally practicable; yet, though much dissatisfaction prevails, there are many circumstances which concur to suppress the inquiry which the subject merits. Coleman's is a tribunal from which there is no appeal, for the public are silent, and there is no rival establishment, as there ought to be, to form a check upon its proceedings. The examining committee, composed of gentlemen of the medical profession, is a dead form as far as regards this important subject, and the pupils themselves are indebted to the professor for all that they know, for lenity at their examination, and perhaps promotion in the army afterwards.

To the Editor of THE LANCET.

SIR,—A considerable sensation appears to be excited by the belief, that, at the last meeting of the Trustees of the Hunterian Museum, a regulation was made that none but Fellows of the College of Physicians and Members of the College of Surgeons should have the *right* of visiting it, so that the Licentiates of the College of Physicians will see it only by procuring an introduction from members of one of these bodies, like any strangers; and that the Censors of the College of Physicians proposed or sanctioned the regulation. Were this belief founded on fact, the Censors would merit every expression of indignation on the part of the Licentiates. But it is altogether founded on a misconception, and the Censors endeavoured, on the contrary, to place the Licentiates in the same situation, with respect to the Museum, as the Fellows.

The regulation, by which the Museum is open only to "Fellows of the College of Physicians, Members of the College of Surgeons, and persons properly introduced *by them*," has existed for six and twenty years, and did not originate with the Trustees, but was one of the "Terms and Conditions" upon which the Museum was delivered by Government to the College of Surgeons, and of which I have the honour of transmitting you a printed copy.*

To prove the disposition of the Censors, I beg to quote a passage from Dr. Elliotson's letter, published in your Number for June 24, (p. 412.)—"At present, none but Trustees, Fellows of the College of Physicians, and Members of the College of Surgeons, have a right to see the Museum without an order. The Trustees and Curators only can give written orders, and the Fellows of the College of Physicians, and Members of the College of Surgeons, can only introduce friends personally. I proposed that Licentiates of the College of Physicians should also have free admissions, and that all persons having free admission should be empowered to give written orders of admission."

In making this proposition, at the last meeting but one, Dr. Elliotson spoke the wishes of all the Censors; and he made it under the idea that the regulation had proceeded from the Trustees. But Lord Colchester pointed out that it was an original Government condition, which the Trustees had no power to change. The expressions, "properly introduced," however, are indefinite, and give a discretional power; and, at the last meeting, it was determined that a personal introduction should no longer be required, but that a written order from the Fellows of the one College, or the Members the other, should be sufficient. This alteration must greatly facilitate admission to the Museum, as the Members of both Colleges are too much engaged in practice to accompany their friends upon every occasion; and

---

* *Terms and Conditions on which the Hunterian Collection, purchased by Parliament, was delivered to the late Corporation of Surgeons; which Corporation having become dissolved, the Members thereof were re-incorporated by his Majesty's Charter, dated the 22d day of March*, 1800, *under the title of the Royal College of Surgeons in London.*

1. The Collection shall be open four hours in the forenoon two days every week, for inspection and consultation of the Fellows of the College of Physicians, the Members of the Company of Surgeons, and persons properly introduced by them; a Catalogue of the Preparations, and a proper person to explain it, being at those time always in the room.

2. That one course of lectures, not less than twenty-four in number, on comparative anatomy and other subjects, illustrated by the preparations, shall be given every year, by some Member of the Company.

3. That the preparations shall be kept in a state of preservation, and the Collection in as perfect a state as possible, at the expense of the Corporation of Surgeons, subject to the annual inspection and superintendence of the Trustees.

4. That there shall be a Board of Trustees, to consist of sixteen Members, by virtue of their public offices, and of fourteen others, to be appointed in the first instance by the Lords of the Treasury, and afterwards to be elected as vacancies may happen, by a majority of the remaining Trustees.

5. That the Museum shall always be open for the inspection of all or any of the said Trustees; who are to take care that the Corporation of Surgeons perform their engagements respecting the said collection. That a *day be appointed for the annual inspection of the Museum*, by the Trustees acting collectively as a Board, and that they are also to have *quarterly meetings*, for the transacting of *any business relative to the Museum*, and for the *filling up of such vacancies* as may happen in the number of the Trustees; and that the Corporation of Surgeons shall engage some person to officiate as *Secretary to the Board*, upon such occasions, and to issue PREVIOUS NOTICES to the Members, in which he is to state particularly whether any vacancies are to be filled up by new elections.

this is the regulation which has been so unfortunately misapprehended.

But, although the Trustees cannot give to the Licentiates the *right* of visiting the Museum,—are not empowered to direct the Curators whom to admit, but enjoined only to see that the Curators "perform their engagement" to admit "the Fellows of the College of Physicians, the Members of the College of Surgeons, and persons properly introduced by them,"—it is possible that the Curators are at liberty to admit others. I know the Censors sincerely hope that they are, and that the Licentiates will apply to them and be successful.

One individual has not been content with making observations upon this misconceived regulation, but has expressed himself upon the general conduct of the Censors, relatively to the Museum, in a manner which deserves the strongest reprobation. Dr. M'Leod, in his last Yellow Number, affects to sneer at "their taste and judgment in interfering in the business at all," and terms the performance of their duties "officious interference, which is condemned by none more heartily than by the members of their own body."

Now, I ask any rational being the following questions:—When Parliament appointed the Censors of the College of Physicians Trustees of the Hunterian Museum, did it not expect them to act as Trustees,—to watch over what was confided to their care,—to attend the meetings,—to take a share in the business,—and to discharge their duties conscientiously in common with the other Trustees? And did not Government show a particular anxiety that medical men should be concerned, by appointing nearly one third of the Trustees medical?* Had they not before their face, upon the table, at the meetings of the Trustees, a printed copy of the duties imposed upon them by Government, in which they read, that the Curators had engaged, six and twenty years ago, to open the Museum twice a week all the year, and to place a catalogue of the preparations always in the room, and that the Trustees were *to take care that the Curators performed these engagements*? And could they forget, that, when they were invested with the Censorship they swore a solemn oath, in the presence of the whole College, to fulfil all its duties, and that they took oaths likewise at the Court of King's Bench, and publicly received the sacrament? And have they done one iota more than their duty? When they entered upon their office, was the Museum open more than four months in the year, and was there any catalogue? and were they not told by Mr. Clift, that a catalogue could not be prepared for at least seven or eight years (vide Dr. Elliotson's Letter, p. 409)? and did not a Noble Trustee declare his conviction that, if left to themselves, the Curators would never prepare a Catalogue at all (vide Letter, p. 411)? and had not most respectable persons been refused permission to make drawings?—But now is not the Museum open all the year round? Is not a complete catalogue promised in four years? (it might be prepared before next Midsummer.) Are not the Curators directed to give every facility to persons desirous of making drawings, and is not admission greatly facilitated by allowing written introductions? Yet, to have assisted in effecting these important changes, (I say assisted, because the civil Trustees present,—men of the highest rank and character,—were equally *officious*, took at least an equal share in the business, in fact, made more pointed remarks, actually proposed the resolutions, and declared that the Trustees had previously not done their duty, [vide Letter, p. 410,])—yet to have assisted in effecting these important changes,—to have faithfully discharged a solemn trust,—is *officious interference*.

But Dr. M'Leod has passed a severe imputation upon the College of Physicians, by asserting that the conduct of the Censors is condemned by none more heartily than by the members of their own body. Were this true, it would be no great honour to belong to such a body, and the College of Physicians would be singular; for I have heard of no one besides Dr. M'Leod who condemns them. But it is not true, and I dare Dr. M'Leod to the proof. To satisfy themselves, the three junior Censors laid a statement of their conduct before the two highest officers of the college—the President and Senior Censor. Sir Henry Halford assured them, in a letter written by the Registrar, Dr. Macmichael, which, together with the statement, is in

---

* LIST OF TRUSTEES.

Trustees by Office.—Lord Chancellor, First Lord of the Treasury, Chancellor of the Exchequer, First Lord of the Admiralty, Speaker of the House of Commons, Secretary at War, President of the Royal Society, President of the College of Physicians, Four Censors of the College of Physicians, Professor of Physic in the University of Oxford, Reader in Anatomy in the University of Oxford, Regius Professor of Physic in the University of Cambridge, Professor of Anatomy in the University of Cambridge.

Other Trustees:—The Duke of Grafton, Lord St. Helen's, Lord Arden, Sir Charles Long, Earl Spencer, the Marquis of Stafford, Lord Grenville, the Duke of Somerset, Sir Everard Home, Bart., Lord Colchester, Earl of Charleville, Davies Gilbert, Esq., Robert Peel, Esq.

the possession of Dr. Ager, that it appeared to him "perfectly satisfactory;" and Dr. Frampton, that he "entirely approved of it, and, had he not, should have felt it right to attend the meetings of the Trustees and opposed them." Let Dr. M'Leod name the Fellows who so heartily condemned the *officious interference* of the Censors; or, should it be only one, whom Dr. M'Leod considers as representing the whole body, or who may have given him this incorrect information, let Dr. M'Leod name him, that when they or he are proposed for offices in the college, the fitness of men so deficient in sense of moral obligation may be considered.

The Censors were recommended to transmit some observations to the Yellow Journal. But for them, as Fellows of the College, to send *any* communication to the Journal of a man, who, *totally unprovoked*, has attacked the highest officers of the college in the faithful discharge of their duties, and cast a severe imputation upon the whole body itself, after solemnly promising, before the whole college, on receiving his license, to do every thing *in honorem collegii*, is evidently *impossible*.

I have the honour to remain, Sir,
Your obedient humble servant,

A Friend to the Late Censors.

London, Oct. 24, 1826.

DISEASE OF THE BLADDER, WITH ABSCESS OF THE KIDNEYS.

The subject of this case, a female about 28 years of age, rather of delicate constitution, having borne several children, applied to me in May with the following symptoms: pain and uneasiness about the lumbar region and pelvis, frequent desire to pass her urine in small quantities, with a scalding sensation, which obliged her to live low, and avoid the use of wine, or even animal food, in any quantities. The urine of a whey colour and very cloudy, apparently containing much sediment; the quantity passed in the 24 hours, being about 20 ounces; which on subsiding in the glass graduated measure, deposited three ounces of a yellow puriform matter, the character of which there could be no hesitation about; her pulse weak, and rather quick; appetite indifferent, and her legs began to swell towards evening; in short, her health was in a very declining state. I saw, by the prescriptions of the physicians who had been attending her, that she had been ordered bals. copaib., uva ursi, mucilages, &c., and opiates occasionally, which she had taken for some time, without deriving any benefit. On my first examination, I expected to find the bladder under considerable state of disease, and which I considered important to ascertain, by injecting it with tepid distilled water. I succeeded, after a few operations, in getting it to contain four ounces of fluid, which was retained for some time without inconvenience. My patient's solicitude to this new mode of treatment, encouraged my attention to be particularly devoted to this extraordinary case; and the process was continued, until the capacity of the bladder would contain eight ounces. During this time, she was directed to take aq. calcis in milk, in full quantities, and an opiate at night, with the occasional administration of confect. sennæ to relax the bowels, which were inactive without the aid of medicine. On the daily introduction of the elastic catheter, I invariably observed the discharge of about a table-spoonful of thick pus. The irritation and uneasiness about the region of the bladder and urethra, were now considerably abated. At this period, which was about the middle of June, as my uncle, Mr. Foot, was then on a visit to me from Devonshire, I proposed, that if agreeable, I would call him in to consult with me upon her case. We accordingly met, and were decidedly of opinion that the disease was in the kidneys, that one or both kidneys had gone into a state of suppuration, from a previous inflammation of those organs, of which she had laboured a short time after the delivery of her last child. The mode of treatment was now directed to her general state of health, and we agreed that she should use the shower-bath every morning, and take the following pills:—

℞. *Zinci. sulphat.*
Quinæ. sulphat. aa. gr, xxiv.
Extract. uvæ. ursi. ʒij. M., et divide in pilul. xxiv., quarum sumantur ij. ter in die, and to continue daily the lotura vesicæ, to free the bladder of the extraneous deposit constantly flowing into it from the morbid state of the kidneys. This plan was pursued to the middle of August, increasing at the same time the dose of tonic medicine. The result was, that her health and strength improved fast. The frequency of inclination and uneasiness in urining decreased. The urine lost its turbid appearance, and the sediment diminished in quantity, and, upon the whole, a great improvement towards her recovery manifested itself. The bladder would now contain, without inconvenience, *upwards of ten ounces of fluid*. I recommended her to go to the sea-side and bathe every morning, and at the same time to continue the other remedies. By regularly attending to which, I am happy to say, she returned home, the latter end of September, perfectly restored to health.

Jesse Foot, Junior.

London, Oct. 20, 1826.

To the Editor of THE LANCET.

SIR,—On perusing Mr. Bennett's admirable letter "to the President and Members of the Court of Examiners of the Royal College of Surgeons, London," which appeared in the THE LANCET of the 30th of September last, I was much struck with the following passage:—

"You will thereby perceive that I have graduated in the University of Dublin, and that having fulfilled the necessary medical exercises, I await but two years to complete the ten years required in order to be admitted to the degree of Doctor Medicinæ. This entitles me to a similar rank in the Universities of Oxford and Cambridge, and would enable me to become a *Fellow* of the College of Physicians, were I disposed to discontinue the practice of surgery."

I much fear that this Gentleman has yet to learn, that his extensive surgical acquirements have *disqualified* him, and only prepared for him another mortification, should he ever be disposed to discontinue the practice of surgery in order to become a *Fellow* of the Royal College of Physicians in London; and that the most he can ever attain is the honour of being admitted a *Licentiate* of that *learned* body; for if I am correctly informed, one of their by-laws precludes any man, however learned—however extensive his professional knowledge—however high his reputation—from becoming a *Fellow*, should he at any time previous to his presenting himself for examination have been guilty of practising as a surgeon and apothecary, *for filthy lucre*. The first question put to a candidate for examination, suspected of having so *disgraced* himself, would be, "Sir, have you ever sold drugs? Sir, have you ever received a fee for attending a woman in labour?" Any one answering these questions in the affirmative would be refused further examination.

So much for *pure* physicians!

Such by-laws as these, Mr. Editor, can only tend to bring those who enact them, as well as the profession of medicine, into contempt; it is to be hoped also, that they will, before long, bring upon them the contempt and indignation of the Sovereign and of the nation, and that disgusted with their selfishness, charters under which monopolies so disgraceful have been established, will be cancelled.

As individuals, the members of the Royal Colleges are doubtless "honourable men," but as chartered companies, I may, Mr. Editor, undervalue their respectability; but, in my humble opinion, it is almost as discreditable to become a member of them, as it is now deemed to have been a member of the "Bridge-street Constitutional Association," or even to become a participator in the profits derived from the under-mining speculations of Messrs. H. and W.

In point of *intrinsic* value, the diplomas of these learned bodies are much upon a par with the shares of these notorious dispensers of imaginary riches; the honours conferred by the former being as purely imaginary as the riches promised by the latter.

The public and the profession, Mr. Editor, are under infinite obligations to you for your unremitting and manly endeavours to effect a reform in these monopolies, and you have exposed, in a most masterly manner, the imbecility, the meanness, and the selfishness of these self-elected corporations; but you must excuse me, Mr. Editor, for expressing my regret at your having only endeavoured to effect a *reform* in that which is *radically* bad; for in order to place the medical profession in that elevated and dignified situation to which its high importance entitles it, the present futile and corrupt system must be *annihilated*, and one worthy of it, and of the nation, instituted in its stead. In the place of the present narrow-minded Corporations of Physicians, Surgeons, and Apothecaries, I should glory in seeing erected A NATIONAL COLLEGE of PHYSIC and SURGERY, upon a scale of becoming magnificence, and upon fair and liberal principles. The man who could effect such a change would merit the thanks and gratitude of his country, and would, to use a favourite expression of a neighbouring nation, cover himself with glory. In lieu of soliciting the abrogation of the present chartered companies, and of constituting others in their stead who, in the course of a few years, would as assuredly abuse the powers confided to them, let all branches of the profession come forward in a body, and petition Parliament to erect a college, bearing the title, and upon the principles, above suggested. It is impossible, in a hasty and desultory communication of this nature, to enter into the detail of such an establishment; but should you think proper to give these observations a place in your publication, the leading features of it shall be briefly delineated in another paper. In the mean time, accept my best wishes for the success of THE LANCET, which, in your hands, has already proved "a little instrument of mighty" good.

A CONSTANT READER.

ANOMALOUS STATE OF THE MEDICAL PROFESSION IN THE BRITISH DOMINIONS.

To the Editor of THE LANCET.

SIR,—Your valuable and distinguished Journal has already effected the most salutary improvement in the various branches of the medical profession in the British dominions, and, I trust, will never cease to expose its remaining defects and abuses at the bar of public opinion, until its total regeneration will be accomplished amongst us. There is no nation in Europe in which the legislative enactments, relating to the different branches of medicine, unnaturally divided into professions, are so incongruous, defective, oppressive, and contradictory, as in the United Kingdom. The Corporations of physicians, surgeons, surgeon-apothecaries, and apothecaries, in England, Scotland, and Ireland, have each distinct and peculiar privileges; and, strange to say, though these professions are precisely the same, (for a perfect acquisition of knowledge is the object required by each,) in each part of these countries; yet the members of the corporation of each country are prevented by law from practising in any other part of the same dominions—a monopoly which is particularly enforced in England and Ireland. Such distinctions were fair and tolerable, when each country was a different nation; but are now obviously unjust and oppressive, since the three countries form one united nation. Such laws are also unjust and absurd, since the same courses of study are required by the different corporations of each part of the united empire; the object of each being to require of all candidates, whether of physicians, surgeons, or apothecaries, a perfect acquaintance with their respective professions. Is it not monstrously absurd then, that a legally qualified practitioner of the one country is restricted from practising in another part of the same dominions? Mark this, you enlightened members of the British ministry, who wisely reformed so many obsolete and ridiculous statutes, with which the law books of your country so notoriously abounded! How long will you, who are distinguished for your wisdom in legislating on the broad principles of national welfare, suffer such contradictory and unjust statutes to continue? Imitate the brilliant example of other nations, and cause a law to be enacted, that will entitle every member of the profession, doctor, physician, surgeon, and apothecary, *when duly qualified by any British medical corporation, to practise in every part of the same dominions; let each practise according to his qualifications*, and have and enjoy equal rights and privileges throughout his country. I anxiously hope that the present ministry will attend to this subject, and by assimilating the laws regarding the medical profession, confer a national benefit in protecting and improving the means of preserving public health, which is of the first importance, and worthy of the mature legislative consideration of a first rate, and most powerful nation.

Again: why, in the name of common sense, do certain chartered bodies persecute and degrade men who are duly qualified by medical corporations equally as learned, and yet allow thousands of ignorant empirics to practise with impunity, to the great destruction of human life, and the great disgrace and degradation of the most noble and useful of all the human professions? In every other nation in Europe or America, where the arts and sciences are cultivated, *quackery is suppressed*, except in England; thus in France, Germany, Russia, and America, no persons are allowed to practise any branch of medicine unless duly qualified. Indeed, it is strange that a science so abstruse, important, and extensive as medicine, which requires more study and general information than any other, and consumes the best part of the lives and properties of its members in acquiring a perfect knowledge of it, should be entrusted to the most ignorant and illiterate among society, and this in the first and most enlightened nation in the world. I ask again, how long shall such absurdity continue? From the earliest period of human history, in every age and country, it has been universally admitted, that of all the temporal blessings that man can enjoy, "there is nothing so important to him as health." Hence the professors of the healing art, that godlike science of restoring health to man, have ever received the veneration and esteem of mankind, and the highest public honours have been conferred on them; statues of gold, silver, and the most costly materials, were erected at the public charge to perpetuate their memories, whilst they received the most magnificent rewards for their services.

But to return to the immediate subject of this letter: I would submit, that another great defect and injury in the profession, is the present mode of compensation. Is it not unjust to demand the same fee from a rich and poor man? Are not the lives of the majority of the British people, who are unable during a protracted illness to give daily the usual compensation to the faculty, as valuable as the lives of the affluent or wealthy minority? The church will receive tithes in proportion to the wealth of the subject; so will the law in a great measure; but not the medical profession; and hence arose that useful and meri-

torious class of men, the surgeon-apothecaries or general practitioners, and yet even these have only the sale of their medicines for their support, as the existing law allows them no remuneration for professional labour or waste of time. Why should medical men endanger their health and lives, and those of their families, gratuitously, when society exempts the other learned professions from such gratuitous exertions? Another defect in our profession is, that the duly qualified physicians and surgeons are in a great measure deprived of their rights, by being precluded from attending the majority of the sick, which arises both from the exorbitance of their fees, and from the infringement of the general practitioners, chemists and druggist. Thus, in Ireland, nearly the whole of the practice of medicine and surgery is in the hands of the apothecaries, who are not obliged to attend any lectures on medicine or surgery, but who, after having served an apprenticeship behind a counter in that country, and never having seen the interior of the human body, or perused a book but the Pharmacopœia, prescribe in all cases with much greater confidence, than the most scientific and experienced physicians; they attend for several days, until death stares them, and then they call most lustily for proper assistance. Another anomaly in the profession in that country is, that the county infirmaries, and most of the fever hospitals and dispensaries are attended by surgeons, and have no physicians; and such surgeons must be members of the Irish College, for those of the English, Scotch, or French colleges, who are a most numerous body in Ireland, are inadmissible. Though English surgeons may attend the large hospitals at this side of the water, they are said to lose all "sound chirurgical knowledge," when in Ireland, "for the members of the Irish College of Surgeons must not consult with English or foreign surgeons, on pain of expulsion." By laws of the College of Surgeons of Ireland, 1815, p. 8, "Nor would they meet Sir A. Cooper, your irritable friend Mr. Abernethy,"* nor Barons Larrey and Dupuytren, if they resided in Dublin, in consultation. Dispensaries, goals, and public institutions to which medical officers are attached in that country, are nearly all jobs, and he who has most interest, however unqualified, will be appointed.

HYGRIAPHILOS.

* Dr. Grattan's Remarks on the Medical Profession in Ireland, London Med. Jour., 1821, Vol. XLV. page 183,

HOSPITAL REPORTS.

BARTHOLOMEW'S HOSPITAL.

TWO CASES OF RETINITIS.

———, ætat. 22, was admitted into Henry's Ward, on the 30th of July, with amaurosis of the right eye. On the evening of the 29th, he retired to bed in perfect health. About 3 o'clock in the morning of the 30th, he perceived the sight of the right eye was considerably impaired, and when he arose in the morning, it was nearly lost; in consequence he went to the Moorfield's Ophthalmic institution, where Mr. Lawrence saw him, and admitted him to this hospital. At the time of his admission, although sight was not completely lost, yet he could not distinguish objects; he was merely able to perceive light from darkness; the conjunctiva was inflamed; the pupil in the same state as that of the sound eye; he had pain in the head and eye; his tongue was clean, and pulse 84.

Mr. Lawrence ordered him to be bled ad deliquium, and to take immediately, x. grs. of jalap, and three of calomel, and afterwards to take two grains of calomel, and one third of a grain of opium, every six hours; ℥xxx. of blood were taken from him before fainting was produced. On the following morning, 31st, ℥xvi. more were abstracted from the temples, by cupping. By these means perfect vision was restored.

August 1. The man could read the smallest print; Mr. Lawrence observed that the present was a case which exemplified, in a very complete manner, the pathology of amaurosis, and at the same time the control which we have over the disease at an early stage, by the free use of the lancet; he said that the power of the lancet in overcoming the disease, was considerably lessened when it had continued some days.

Another case of a similar nature occurred at the same time. On the 1st of Aug. Eliza Radley, a girl of 16, was admitted into Elizabeth's Ward, with amaurosis of the left eye, but more confirmed than in the former case. There was a slight redness of the conjunctiva, the pupil in the same state with the sound eye; the loss of vision was nearly complete in the affected eye.

She had received a blow on it about ten days before, but had not experienced any inconvenience until four days before her admission, when vision had been completely lost. Mr. Lawrence ordered her to lose ℥xvi. of blood from the temples, by cupping, to take immediately ten grains of jalap, and

two of calomel, and afterwards to repeat two grains of calomel, and one third of a grain of opium every six hours.

The following day her bowels not being open, an enema was administered, which had the desired effect.

On the 3d she had in a great measure regained vision, and at this time, the 6th, is able to perceive the most minute objects; the iris is obedient to the stimulus of light; she took the calomel and opium up to the 5th, but without affecting her mouth.

She was discharged, cured, on the 7th.

SUDDEN DEATH IN A CASE OF COMPOUND FRACTURE, FROM ANASARCOUS SEROUS COLLECTION IN THE BRAIN.

Joseph Keen, ætat. 64, was admitted into Rahere's Ward, with compound fracture of the leg. The wheel of a coach had passed over both legs, and fractured one in the lower third of the limb. The tibia was broken very obliquely, and a small opening made in the skin by the inferior extremity of the upper fragment, the cuticle abraded, and the skin severely bruised in two places, about the size of a shilling. The patient was laid on his back, the limb (of which the calf was very large,) placed on a pillow, straight, in a fracture box, supported laterally by pads; and the external wound dressed with lint and adhesive plaster. The fracture of the tibia being very oblique, the bone could not be very accurately adjusted; the deviation, however, from the natural line, was trifling. The sharp end of the lower fragment was a little higher than it ought to have been, and pressed against the skin, threatening to push its way through.

October 29. By moving in the night, the patient had again displaced the broken ends; a pair of splints was added to the former apparatus to preserve the fracture steady.

November 23. The case has proceeded without a single unfavourable symptom, local or general; the external wound healed by the first intention; the two bruised portions of skin sloughed and separated without inflammation of the surrounding parts. The patient has had a good appetite; clean tongue; and rested well, requiring no other medicine than an occasional aperient. The leg has been kept in the fracture box with the splints.

December 2. Union of the tibia apparently firm; the limb to be removed from the fracture box, and rolled.

14. On accurate examination, it appears the broken bones are not sufficiently united to preclude all motion; the limb to be placed on its sides, and to be confined by splints.

16. Being generally swollen and uneasy, it was placed in the fracture box, with lateral splints, from which it was removed at the end of six weeks; when the union seemed quite firm. In the beginning of February he got up daily; began to move about with the aid of crutches, his health appearing excellent, as it had been throughout. On the 14th of February, his leg and thigh were swollen considerably, without redness or heat; the tumefaction apparently caused by rubbing the limb with soap liniment, was firm and general. He was directed to go to bed, and keep clothes constantly damp with saturnine lotions to the limb, and to take an aperient. The limb became less, and he went to bed in his usual good health, on the 18th. In the middle of the night he called for the nurse, but expired before she could get to him.

Post-mortem examination.

The body was very fat, the adipose membrane covering the abdominal muscles being about two inches in depth. The veins of the lungs and of the body generally, were full of blood; there was no disease, either in the thoracic or abdominal cavities, except old adhesions on one side of the chest.

The arachnoid coat was thickened, opaque, and tough over the whole convexities of the cerebral hemispheres, and the cellular texture of the pia mater loaded with serum. On taking off the membranes, the surface of the brain was drenched with water, and a large quantity ran down.

The cerebral convolutions were separated by considerable intervals, which had been occupied by the anasarcous pia mater. Each ventricle contained about two ounces of the clearest and most transparent fluid; this increased secretion had raised the fornix, so as to make the communication between the two lateral ventricles direct. All the vessels of the brain were turgid, and the bloody points innumerous and large, wherever the cerebral substance was cut into. The patient had complained of no pain, nor had he exhibited any symptom of cerebral disturbance: it must, therefore, be observed, that the above described change in the vessels and membranes, and effusion into the ventricles, had taken place very slowly, and the continued enjoyment of good health must be considered as anomalous in this case. The patient, indeed, exhibited a dulness of apprehension, and general sluggishness of intellect, which were supposed natural to him, but which probably arose from the morbid changes in the brain. After all, the suddeness of death is not accounted for; he must have expired almost instantaneously; yet no change could be discovered in the brain, capable of causing such an event. The tibia was not completely consolidated, although the union was sufficiently perfect for all the uses of support and motion.

MIDDLESEX HOSPITAL.

CASE OF FRACTURED RIBS, IN WHICH BLOOD WAS SUPPOSED TO BE EFFUSED INTO THE THORAX.

W. Norton, a man aged 51, of a pale haggard countenance, was brought to this hospital on the 31st of July, in a state of intoxication. He had received a severe blow on the left side, by which he was knocked down, and by the fall several ribs were broken. His breathing was difficult, his pulse strong, hard and jerking. He was bled to ℥xvij., a bandage was applied, and he was directed to take a strong dose of calomel and jalap.

Aug. 1. The bowels not acted on by the medicine; tongue furred; pulse 100, and like a cord. The respiration is still difficult; he complains of pain in the chest, and the sputa is streaked with blood; ordered venesection to nine ounces. This bleeding reduced the pulse; and a dose of house physic was ordered every second hour, until the bowels acted. In the evening the respiration became more difficult, although he had been twice bled, and although each bleeding had produced syncope, yet the pulse having again risen, the venesection was repeated. The breathing at this time very irregular. It was found necessary to remove the bandage, which occasioned relief, but he was obliged to be supported in bed, inclining towards the side affected. Mr. Bell was sent for who did not think that the operation of paracentesis was justifiable. He contended that if air had been effused sufficient in quantity to occasion the present alarming symptoms, there would also be some emphysema, but in this case there was none. He contended also, that if it proceeded from extravasated blood, the opening would require to be made of a sufficient size to let the coagulum of blood out, which would be quite impossible. The difficulty of breathing was accounted for by supposing that there was an adhesion of the other lung to the pleura.

3. Yesterday an emulsion was ordered, containing half a drachm of compound tincture of camphor, every six hours. There is but little alteration in the symptoms; tongue furred; pulse full, quick, and irregular. Cough somewhat relieved by the anodyne mixture, and to take the liquor ammoniæ acetatis, with tartarized antimony. Towards evening the breathing became more laborious; he was again bled to ℥xvij. after which the pulse became more regular.

4. The respiration more easy; pulse 84, softer; countenance blanched, and of a ghastly appearance. Tongue furred; bowels much relaxed. On the following day somewhat better, and the pulse was weak and compressible. The man was kept low; the inflammation was kept under; the bandage was again applied, and on the 16th all the untoward symptoms had subsided, from which time he got gradually better, and was discharged, cured.

John B., 35 years of age, was brought to the hospital on the 8th of July. Whilst driving four in hand with great speed, he was thrown from the box of the coach, and the wheel passed over his chest. His fellow servant stated, that he had remained some time insensible, but having been bled by a surgeon, he was perfectly conscious when brought to the hospital. The integuments of the chest were much bruised, and so much swollen, that although on pressing on the fore part of the chest, a crepitus was felt, it was difficult to say what parts were fractured. On passing the hand into the axilla, the second and third ribs were found to be broken; the clavicle appeared also to be fractured, but owing to the great tumefaction of the integuments, this could not be ascertained with certainty. Pulse small, and weak; respiration oppressed; ordered to be kept quiet. In about an hour afterwards, the breathing was scarcely perceptible, the countenance blanched, and the pulse scarcely to be felt; in short he appeared to be moribund, and from the symptoms it was concluded that he was sinking from internal hæmorrhage. He was ordered the following draught:

Compound spirit of ammonia, 1 *drachm*;
Camphor mixture, 1 *and* ½ *ounce*.

In half an hour afterwards, the pulse could not be felt, the surface was cold, and a weak respiration was the only indication of the continuance of life. An hour afterwards the pulse became again perceptible, and the stimulus was discontinued. He remained perfectly sensible all night, was sitting, and was talking in the morning to some friends, and whilst so doing, fell backwards and expired.

Dissection.

The integuments covering the chest measured three inches in thickness, the second and third ribs were fractured through their bodies, and the cartilages detached from their sternal extremities. The upper part of the sternum was also fractured, and the clavicle broken. The sternum being raised, coagulated blood was found in the cellular texture beneath, and the hand could be readily passed to the back part of the neck, through a mass of coagulum, and there was a large sac on the side of the vertebræ filled also with blood. The heart and large vessels were entire; the wounded vessel was not discovered, but Mr. Bell imagined that the hæmorrhage proceeded from the internal mammary artery. Three of the spinous processes of the cervical vertebræ were broken, but the chord was entire.